

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### A NEGLECTED FIELD OF NURSING: THE COUNTY ALMS-HOUSE

THE above title was the subject of a paper read by Mrs. Caroline Bartlett Crane, Chairman of the Charity Organization Department of the Women's Civic Improvement League of Kalamazoo, at the annual meeting of the Michigan State Nurses' Association in Ann Arbor.

A graphic picture was presented of the existing condition of the inmates of the County almshouses—a condition no worse in Michigan than in most of the other states, where they are under local management. Massachusetts and New York were cited as exceptions in the progress that had been made in bringing the County almshouses near the standard of the older and larger state institutions for the care of the indigent aged and infirm.

The thought advanced was that the County almshouses should be put on the infirmary basis, and that the inmates should be recognized as legitimate subjects for state care, as are the blind, deaf-mutes, insane, epileptics, etc.

The immediate need of hospital accommodations and of trained nurses for the sick poor in the almshouses, was emphasized.

A strong plea was made to the nurses of the Michigan State Association to coöperate with the Michigan State Federation of Women's Clubs, in their efforts of reform in the almshouses.

The plan in brief was that the work be inaugurated by volunteer effort and private subscription; and that two or three women's clubs in the state be induced to raise the necessary funds for the employ-

ment of a nurse in the almshouses in their respective localities as an experiment, to prove that the reform is needed. The coöperation of the Nurses' State Association would be in appointing the nurses and supervising their work.

The discussion that followed the paper resulted in the appointment of a committee to confer with the Michigan State Federation of Women's Clubs relative to inaugurating the movement.

This is the first time that such an affiliation with a nurse's association has been recommended. There are in the recommendation suggestions of possibilities of great service to the sick poor, and of advantage to the nurses, who by cultivating that neglected field "would experience a call upon their utmost resources of ability, training and character."

There is, furthermore, presented in the suggestion an opportunity for different hospitals of the state to affiliate with the almshouses and furnish them with pupil nurses to do their nursing under a trained graduate supervisor.

Many valuable lessons in the education of the pupil nurse would be acquired through such an arrangement. Humane and scientific care of the homeless, friendless sick, most of whom are aged and infirm, would add to a nurse's education experience, which makes for success in private nursing or in any other line of her professional work.

Where else could she better learn the lessons of reverence for old age and patience with its vagaries and caprices; consideration for sensitive feelings; tolerance and pity for ignorance and misfortune, and the sympathy which prompts the ameliorating of the sad conditions of human life as much as lies in one's power?

We have faith to believe that the neglected field will become a cultivated field; and we heartily endorse the action of the Michigan State Nurses' Association in the initiative they have taken to aid in bringing about the reform.

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#### THE NEW YORK SYMPOSIUM ON NURSING

We publish in this issue a letter from a New York nurse who attended the symposium on nursing held at the Academy of Medicine in New York on the evening of March 29.

The nurses who responded to the public invitation to attend this symposium found themselves in a somewhat unique situation.

A company of medical gentlemen occupied the evening in reading papers and making addresses, criticising,—we might almost say

abusing,—training-schools and nurses, nurses' organizations and the Nurse Board of Examiners, in a wholesale sarcastic manner, but not offering to the nurses in the audience an opportunity to say a word in their own defense.

The trend of opinion among these gentlemen seems to have been that nurses are getting to be too independent of the medical profession; that schools for nurses are overtraining their pupils, and that the nursing organizations are in the nature of trusts.

As is often the case, many of the statements made showed lack of knowledge of the true situation; ignorance of the motives upon which nursing organizations have been formed, a misunderstanding of the lines upon which the Nurse Examiners are working, and a total lack of appreciation of what the teaching body are hoping to attain through higher education.

One of the first lessons instilled into the nurse is that of loyalty to the physician; perhaps it has been a mistake that because of this loyalty nurses have not published broadly the motives for some of the steps which have been taken by them in their efforts for higher education.

For instance, the establishment of the course at Teachers College by the American Society of Superintendents of Training-Schools, which is maintained by personal contributions from the great nursing body of the country, and which has for its object the training of nurse teachers to teach nursing to nurses, is in itself a criticism, or to put it more strongly, a condemnation of the results of the teaching of nurses by physicians during the past thirty years, these results being quite as unsatisfactory to the nurses themselves as they seem to have been to the medical gentlemen who took part in the symposium.

No one more than nurses themselves appreciates the unsatisfactory chaotic conditions existing in the nursing field to-day, the result largely of medical dominance and medical teaching of nurses.

The whole broad aim of the nursing movement is to better these conditions, in coöperation with the great medical body so far as may be, in independence of that body if must be, the ultimate aim being a better educated class of women, a more useful and practical type of nurse, with better nursing service *in the homes of all the people*, and a more intelligent service to the physician, but with this difference, the nurse of the future will work with the physician as his assistant and intelligent co-worker and not as his—servant. It is the social uplift coming through organization and state registration that we think these gentlemen object to.

At the present time matters are in a transition state; the nurses must be given time to do for themselves what the medical body has done for itself (once doctors were barbers). This unsatisfactory state will never be corrected until the responsibility for all the faults of character and education are thrown back upon the members of the great nursing body as a whole. The doctors have dominated training-schools for thirty years and the result is bad. The nurses should at least have a "try" at the management of their own affairs. They can't very well produce worse results and there is the chance that with so much at stake they may do a little better.

Dr. Gilman Thompson, who seemed to have the greatest number of grievances, is an old-time complainer, so we are told, in nursing affairs. Dr. Ludlam, superintendent of the New York Hospital, at one time was the head of the training-school but it was deemed wise by the management to relieve him of that responsibility. Dr. Gerster, of the staff of Mt. Sinai, was the least critical, and although of the opinion that nurses should be taught very little, still he was honest enough to say that the medical profession was largely responsible for the present tendency to overtrain. Dr. Abbe thought he could teach a nurse in a week all that she needed to know. He has the ten-weeks schools to draw from.

#### CRITICISMS OF THE BOARD OF NURSE EXAMINERS

Dr. Thompson afforded himself great pleasure and satisfaction in criticising the questions prepared by the New York Board of Nurse Examiners for the first full examination, held on the last day of January, and was specially incensed that the examiners should have presented what he considers to be medical questions.

He entirely lost sight of the fact that one half of this examination was practical; that each student presenting herself for examination appeared before one of the examiners and was required to demonstrate her ability to perform such practical details as the making and changing of a bed, giving a bath, making a poultice, preparing the syringe and solution for a hypodermic injection; preparing the hands for and applying a surgical dressing, etc. And he also did not know that the examiners found themselves very much embarrassed when the time came to prepare for the first full examination by the fact that there was no means of judging of what the nurses of the state had been taught during the past three years.

As a guide the secretary of the board was instructed to write to all the registered schools in the state, eighty-five or more, for copies

of their last year's written examination questions. A most cordial response was received from all but a few, with a wonderful conglomeration of questions, taken as a whole. This budget was passed along from one examiner to another and with the exception of bacteriology each one selected ten of the very simplest of the questions found therein upon her subjects, many of the questions having to be greatly modified in order to be used in making up a paper of minimum requirements.

If these questions are medical questions, they were of the doctors' own propounding in the different schools.

Criticisms have also reached the board that the superintendents of some of the large hospitals in New York City are saying that the questions were too hard; that the superintendents themselves could not answer them, much less the pupils.

It is to the credit of the instruction given in the small two-year-course schools of the State that five out of the seven two-year graduates who came up for this examination passed at a percentage of 75 or more.

We think perhaps a short cut to improve the training-schools would be to require the superintendents to pass the Regents' examinations; and if there are women holding hospital positions who cannot give the table of weights and measures, and who would give the cavities of the body and their contents as being "The eyes, the ears, the nose, the mouth," and the definition of bacteria as "a growing of germs," the quicker such women are thrown out of their positions the better for the progress of nursing.

We think possibly the time has come for the nurses to hold a public symposium on doctors and tell of the things that doctors do that are not to the advantage of the hospitals with which they are connected or the patients for whom they care.

It might be well to show up the type of man who collects fees from the public ward patients during his term of service; of the man who lets his patient die on the table while he spends two hours in finding a perfectly normal appendix; or the one who lets a patient die "as the result of shock" with a ligature tied securely around a ureter; of the sponges found in the abdomen after the patient has died of peritonitis; of house officers too drunk to write their orders at night; of lecturers to the nurses in training who only come on rainy days when the weather is not propitious for golf or bird-hunting; of solutions ordered in ounces instead of drams which would have been given and caused a death but for the intelligence of the "over-trained nurse,"

etc. An endless chain of incidents could be presented that would be intensely interesting to the public and possibly to the medical profession, as showing the extent and character of the nurse's loyalty.

Such a symposium as the one held in New York is of great value to the nursing profession as showing the lines along which reforms must be most vigorously directed, and also because such attacks bind nurses more closely together and teach them how to defend themselves.

Fortunately these gentlemen do not represent the entire medical profession; they are men with a grievance who have been obliged to "hire a hall" in order to make themselves heard.

But, seriously, the opposition to higher education for nurses is but a part of the old worn-out opposition to higher education for women as a whole. We have only to demonstrate that it makes better nurses, and go steadily on.

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#### PROGRESS OF STATE REGISTRATION

##### MICHIGAN

It was our very great privilege to be a guest at the meeting of the Michigan State Nurses' Association held in Ann Arbor on April 4, 5 and 6, when the bill for state registration which passed the Senate last year, but was defeated in the House, was again brought forward for discussion. This bill as originally drawn contained all of the essential points and was an exceedingly good bill. There will be some unimportant changes made in it before it is presented next year.

The reason for its defeat last year was the old political excuse that the state would not establish any more commissions, but the nurses felt that the fact that the bill was introduced so late in the session had much to do with its defeat. A well-organized campaign is to be commenced early and the bill will be presented as soon as the legislature opens in 1907.

There are an exceedingly able group of leaders in Michigan and we have never attended a more splendidly arranged meeting. The president, Miss Sly, and the chairman of the committee of arrangements and Miss Haarer are to be especially commended for the excellence of their work. A brief report is found on another page. The association will publish a full report of its proceedings, with the papers read and the discussions. We only regret that we are unable to increase the JOURNAL pages sufficiently to give the full proceedings of all

such meetings. If each subscriber would send one new subscription we should be able to do this another year.

**MASSACHUSETTS**

The Massachusetts bill has again been withdrawn.

**NEW YORK**

The attacks upon the New York bill of which mention was made in our last number have all been defeated and the law is safe for another year.

At the March meeting of the Nurse Board of Examiners of New York state the following resolution was passed:

*Resolved*, That we, the State Board of Nurse Examiners, continue to recommend to the regents applicants for registration under the first clause of the waiver until such time as shall be determined by the Board. This clause reads as follows: "208. Waiver of Examinations.—The Regents of the University of the State of New York may upon the recommendation of said board of examiners waive the examination of any persons possessing the qualifications mentioned in section 206, who shall have been graduated before or who is in training at the time of the passage of this act and shall hereafter be graduated."

By this resolution, graduates of registered schools complying with the conditions of this part of the waiver may continue to be registered without examination, but the other conditions of the waiver which are mandatory in the bill, expired on April 27, 1906. The last practical examination, which was an extra one, was held on April 26. Hereafter, only those nurses who are graduates of regular schools, graduated or in training, before April 27, 1903, can receive a certificate of registration in New York state without examination, and only those nurses who entered their training in registered schools since April 27, 1903, can come up for the full examination.

The next full examination will be held on June 19 to 22 in New York, Albany, Syracuse and Buffalo. The earlier these examinations are taken after graduation the easier they will be for the applicants, as they will not have lost their study habit. Such applicants should send to the Education Department and ask for a copy of Handbook 13, Higher Education, in which will be found directions for the examinations.

**MINNESOTA**

The second meeting of the Minnesota State Nurses Association was held in Minneapolis April 10, 1906. There were over a hundred

members present, and the meeting was full of interest. The secretary's report showed a membership of 264, and more applicants awaiting admission.

During the winter a blank containing questions as to hospitals, capacity and requirements of training, etc., had been sent to about twenty hospitals in this state. The chairman of the credentials committee reported returns from about fourteen hospitals, nearly all of which give a three years' training and require not less than two years high-school work.

Business was followed by three short and interesting papers: "Trained Nurses as Hospital Superintendents," by Miss Ida Patterson, superintendent of St. Luke's Hospital, St. Paul; "The Private Nurse," Miss Mary Wood; and "Hourly Nursing," by Miss Ida Cannon. The latter paper brought forth some good discussion as to the success or non-success of this sort of nursing in St. Paul and Minneapolis. While Minneapolis nurses realize that there is a great deal of work before them, there is no lack of determination and enthusiasm in securing a good state organization.

#### OHIO

The committee on state registration for nurses in Ohio reports failure in its attempt to get the bill through this session. The bill drafted was a strong one, having been outlined by Isabel Hampton Robb. It was interesting to note, at its reading before the House committee, the tremendous opposition it met from the small private hospitals and sanatoria. The nurses feel that the experience gained has been valuable, and anticipate success in their next attempt.

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#### THE QUESTION OF CLOTHES

*2/21*  
NURSES who are much thrown with people of wealth are often tempted by the pretty things they see, and fall into the error of purchasing, for themselves, garments which are beyond their means and unsuited to their calling. That woman is well dressed who is suitably dressed, and it is not fitting that a self-supporting woman should provide herself with silk under-clothing, fancy stockings, elaborate hats, and costly furs. We have all felt a sense of amusement in seeing a servant dressed in gaudy attire for her "day out," and we have all felt a pride in the occasional sensible maid, who wears quiet, well-fitting, unostentatious garments. The same principle applies to us. A nurse who goes to a case in a velvet dress, with her hat covered

with feathers, may find hardly a hook to call her own, and will not be able to take proper care of her fine things. Unfortunately, nurses who are extravagant in their dress are not criticized to their faces, so they travel on in self-complacency, unaware that such folly is to their disadvantage. Most of us resent criticism, especially any suggestions as to how we shall spend the money we have honestly earned. But, laying aside the question of provision for the future, the nurse who goes upon a case in foolish attire creates an unfavorable impression which it may take some days of patient, faithful work to counteract.

On the other hand, a nurse should not be careless of her appearance, untidy, or shabby. A patient is sometimes ashamed to take her nurse to walk or to drive because, though she looks well in her uniform, her street clothing is unsuitable.

The woman who is in a hospital position or who is doing private nursing of ordinary character needs very little clothing besides her uniforms and should be able to dress comfortably on one hundred dollars a year. A good hat can be bought for six dollars, or, if one costs twelve, it can be remodelled for a second year. A suit, which costs from thirty to forty dollars, will last two seasons nicely. Good looking, comfortable shoes, which wear well, can be had for from three and a-half dollars to five, and flannels, of part wool, for two dollars a set. The nurse who is apt with her needle and can make her own underclothing is fortunate, for ready-made undergarments, though apparently cheaper, are rarely of the best material and give out soon. Shirt-waists for ordinary use cost from one and a-half to two and a-half dollars, and a nicer one, for dress-up occasions, can be found for five or six.

The nurse who is travelling with a patient, spending much time at hotels, will have to go above the hundred-dollar mark for her yearly wardrobe, for she will need one or two evening dresses and a larger supply of waists and skirts.

A general rule, which is safe to follow in any purchase of wearing apparel, is to put one's money into good material rather than into elaborate trimming, and never to follow an extreme fashion, which may subside as quickly as it has arisen.

There is much to be saved by buying a little out of season and nurses living in the large centres can take advantage of the January mark-downs of all ready-made woolen garments and furs. Silk waists and white shirt-waists and skirts can often be gotten for half price in August. In fact, for those who have the cash in hand January and August are the shopping months. "A penny saved is a penny earned."

### THE RED CROSS

THE rules for the enrollment of volunteer and paid nurses in the New York branch of the American National Red Cross are as follows:

1. All nurses enrolled in the State of New York for Red Cross service shall be required to show a certificate of registration with the Regents of the University of the State of New York.
2. All applications must have three signatures, vouching for their moral character, professional standing and suitability to this special work—two from nurses of good standing, and the third from the president of the sub-division.
3. No nurse shall be enrolled for active service under twenty-five years of age.
4. All applicants must give a physician's certificate of sound health and unimpaired faculties, which certificate must be renewed every two years.
5. All applicants must appear before a member of the Nurses' Committee for examination, and must present to the committee with their other papers, the endorsement of their applications by that member of the committee.
6. All applicants before receiving a certificate as a Red Cross nurse must take the oath of neutrality, or make the affirmation of neutrality.

The work of developing the Red Cross organization has been somewhat impeded by the demands for assistance for the famine sufferers in Japan. New York State has contributed more than \$12,000 and is still hard at work and the other states are doing their part. Such terrible conditions as this famine in Japan and the most unexpected calamity which has fallen upon Italy because of the terrible eruption of Vesuvius should make all the countries strengthen their Red Cross organizations and be prepared not only to meet calamities at home but to give aid to other countries.

Nurses who do not feel that they can enroll for service should become members of their state branch of the Red Cross, through the local associations, and by their annual contribution of \$1.00 and as voting members of the society do their part in maintaining the Red Cross work of the United States. We urge upon all nurses enrollment in the Red Cross society, as working members if possible, as contributing members without fail. This is one of the obligations of citizenship or residence in this prosperous country.

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HARDLY had these sentences been written when came the appallingly awful national calamity of the destruction of San Francisco by earthquake and fire. We are comforted by the knowledge that

there are good nurses in large numbers East of the Rocky Mountains and that with the homeless multitude are a great company of splendid nurses who are giving of their very best in service to the sick and injured, if they have been among the fortunate to escape with their lives. With the people of the nation we wait for news of dear friends and pupils whose homes we know are destroyed. The headquarters of the *Pacific Journal of Nursing* has gone, but the fate of its editor is unknown as we go to press.

The Red Cross Society even in its imperfect organization has been a power and a blessing.

Will the nurses of this country learn a lesson from this greatest national calamity?

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#### THE CRUSADE AGAINST VENEREAL DISEASES.

*Charities and the Commons* is to be commended and encouraged for taking up, with courage and earnestness, the long-needed crusade against venereal disease and social vice. The recently-formed Society of Sanitary and Moral Prophylaxis has deep reason to feel grateful for the support tendered by *Charities and the Commons* to this reform movement, for it is the first ally that the society has found so far outside of medical journals, which are not read by the general public.

Strange as it may seem, the movement to educate the general public on this, the most important and most urgent sanitary problem of the civilized world at present, arouses the virtuous indignation and the moral disapprobation of many of that widespread class of excellent people who think that vileness is not vile if covered up, and that danger does not exist if it is not seen. We do not doubt that *Charities and the Commons* is getting many protests against making known the hideous facts of venereal disease. Every nurse knows what they are, and every nurse must rejoice that at last there is a journal which reaches the general public which is fearless and devoted enough to take up this most ungracious and most repellent subject in a way that will educate and save future generations from the horrors of the past. We do not hesitate to say, again, that this is the most urgent sanitary problem of the civilized world. The plague and the pest are stayed; smallpox is helpless against vaccination; diphtheria has lost its terrors under antitoxin; the crusade of knowledge against tuberculosis is well under way. But this hideous lesion underlies all others, sapping the resistance of tissues and

ruining health in a thousand ways. It strikes us as a most revolting thing that medical science is now experimenting on the animals, who are too decent ever to have these vile diseases themselves, to obtain if possible an anti-virus for syphilis in man. Must we dare to infect the animals to obtain a counter-poison, when we all know that moral living is the only defence that is fundamental? Let us rather imitate the animals in their physiological decency. No anti-toxin will ever protect the world from venereal disease. Open, candid, serious, and thorough education, such as these societies are endeavoring to make general, alone can overcome the Black as it is overcoming the White Plague. And in the name of all the innocent victims that we have nursed in hospital wards, we wish *Charities and the Commons* Godspeed.

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#### THE NEW YORK STATE CURRICULUM FOR TRAINING-SCHOOLS

WE announced in the February JOURNAL that the Course of Study and Syllabus of Training-Schools issued by the New York State Education Department would be published in the March number, and we stated in March that the May issue would be a special private nursing number. We have been unable to keep either of these promises. There have been unavoidable delays in the preparation of the Course of Study which have made it impossible for it to be published until this issue, but we call the attention of our readers to the fact that we give our usual 64 pages of reading matter, and that the space occupied by the Course of Study is extra.

We ask our readers to study carefully the introduction to this Course of Study and we want to emphasize the fact that this first edition is issued for criticism and suggestions. It is the first work of the kind ever prepared and while it represents many months of hard work and careful study on the part of the members of the committee, the board of examiners, and the department at Albany, it is felt by all those who have done this work that it is only by a free expression of opinion from the members of the great teaching body of the country that it can be brought to anything like perfection.

The nurses of New York State and the profession at large are deeply indebted to Dr. Henry L. Taylor, who has represented the education department in the preparation of this Course of Study and Syllabus.

## THE SMALL HOSPITAL POSITIONS

IN urging our educational standards to the point of pressing the small institution to alter its methods by affiliating, all our efforts will fail unless two things happen,—first, unless more favored institutions are ready and willing to affiliate; and, second, if the highest type of graduates are not willing to take the small hospital positions. It has long been a complaint of training-school superintendents that they cannot induce nurses to take hospital positions. Many a woman of average ability, if she had the home-making spirit and a love for her patients, would find the position of head nurse or superintendent responsible, happy, and worth while, beyond many other kinds of work. Such a position is always dignified and honorable, but its small pay causes it to be overshadowed by private duty. Yet in many ways the happiness of the two modes of life cannot be compared, and the regularity of a small income with no expenses is often better in the end than large fees with attending large expenses.

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## THE NATIONAL CONFERENCE OF CHARITIES

THE program of the general sessions of the National Conference of Charities to be held in Philadelphia, May 9 to 16, 1906, promises to be one of unusual interest. Miss Jane Adams, Hon. Homer Folks, Dr. Richard Cabot and Mr. Frank Tucker are among these who are to present papers. The nurses of Philadelphia should avail themselves of this opportunity to hear many subjects discussed that are interesting to nurses because of the close relationship that exists between many of the lines of work to be considered and nursing, and all who can attend from a distance may be sure of an enjoyable and instructive week.

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## EDITORIAL NOTICE

THE pleasure that all readers of the AMERICAN JOURNAL OF NURSING have experienced in following Miss McIsaac's humorous description of the New Cranford "doings," will be greatly enhanced by being able to reread it as a complete story in book form.

Miss McIsaac is one of the *not* "too busy women" to do things, but along with new and untried conditions finds time to keep up her interest and make sacrifices for the JOURNAL.

Besides the original contribution she has given the Directors

permission to offer the book as a prize to any subscriber who will send in one or more new subscriptions.

The book is on sale at the office of the AMERICAN JOURNAL OF NURSING, 227 South Sixth Street, Philadelphia, and will be sent postpaid upon receipt of 25 cents. Foreign postage, 5 cents extra.

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#### MEMORIAL TO MISS ANTHONY

THE women of Rochester have formed an organization to raise \$75,000 for the erection of a woman's building on the campus of the Rochester University as a memorial to Miss Anthony. It was largely through Miss Anthony's personal efforts that women gained admission to this University, and such a building would seem to be the most fitting memorial that could be erected to her memory, as she was a believer in higher education for women. The Monroe County Registered Nurses Association is represented by Miss Ida R. Palmer and Miss Lona Black.

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#### THE "NEWS-LETTER" DISCONTINUED

OWING to lack of support the *News-Letter* will be discontinued with the April issue, until some way of maintaining it appears.

In an open letter the statement is made that the members have taken absolutely no interest in the magazine, and that there are outstanding bills to the amount of over \$200. We think there is a field for a good religious magazine for nurses, and we would like to see the nurse members of the guild take hold of the *News-Letter* and make it a success. It needs to be edited and managed by the nurses.

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#### CHARITIES' SPECIAL NUMBER

*Charities* for April 7th is a bulky number and is given up entirely to a discussion of the subject of the Visiting Nurse, and is published under the supervision of Miss L. L. Dock, who is a departmental editor of that magazine. The number contains in condensed form a history of visiting nursing the world over, and the writers are principally nurses well known to our readers. All nurses interested in this subject should send for this number of *Charities*. Price, 10 cents.

**THE MEETING AT DETROIT**

OUR readers will find the announcement of the annual convention of the Nurses' Associated Alumnae of the United States in the Official Department. The program is exceedingly interesting and all nurses should attend who can afford to get there.

These meetings are a great inspiration and pleasure, and we are sorry for those who never have taken interest enough to judge for themselves what they are like.

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**GERMANY SECURES REGISTRATION**

THE splendid news has just arrived from Germany that the Nurses' Association, under the leadership of that wonderful woman Sister Agnes Karll, have presented a registration bill to the Bundesrath or Council of the Empire, and that, after being twice read, it has been passed!! Thus Germany gets at one sweep a law for the whole country. We will probably be able to give details in the Foreign Department of our next number.

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**THE ELIGIBLE VOLUNTEER LIST**

WE call our readers' attention especially to Mrs. Kinney's letter on another page. Mrs. Kinney rejoices that there are 100 names on the volunteer list of the army, it having taken three years to secure this number. We do not take very great pride in publishing this report to the world.



**THE IMMEDIATE CARE OF A PREMATURE CHILD**

By MRS. E. E. KOCH

Graduate Illinois Training-School for Nurses, Superintendent of Nurses, Chicago  
Lying-in Hospital

PREPARATIONS for a premature birth differ not at all from those made for a normal delivery. A warm receiving-blanket covered with a soft absorbent towel, warm-water bags, and warm diapers and flannels are absolutely essential, and the bath-tub, plenty of hot water, and the tracheal catheter must be near at hand.

As soon as the child is delivered it is wrapped in the blanket and kept very warm, great care being taken, however, not to entirely cover the face. If the baby is in good condition, the bath is not necessary, but the entire body is gone over with a warm towel, albolene applied rapidly and wiped off very gently, for the skin of a premature infant is thin and easily abraded. The eyes are then treated carefully, for infections of the conjunctiva in premature babies are even more common than in the normal new-born, and must be conscientiously guarded against. The cord is dressed antiseptically, the binder applied firmly but loosely, and the baby dressed or wrapped in flannels, as quickly as possible with the least exposure and handling and the smallest amount of jarring. It should be covered warmly but lightly and left to rest until the arrival of the ambulance.

Many physicians, when anticipating a premature delivery, have the incubator infant ambulance in readiness, that there may be no loss of valuable time in conveying the baby to an incubator station.

Should the nurse find herself alone with a premature birth and an asphyxiated child, she may resort to the different methods of resuscitation. The Schulze method and several others are almost too severe for even a full-term child, and should by no means be used by a nurse for a premature baby. The milder methods may be used—preferably, the hot-water resuscitation bath. The temperature of the water should be 104° F., and hot water may be added up to 110° F. There can be no definite time limit for the bath, but from five to fifteen minutes is usually sufficiently long. The baby is dried gently and is made to cry. This is often a difficult task, but rubbing the soles of the feet and the palms of the hands almost invariably brings the desired results, a sharp cry and a gradual lung expansion.

If there be mucus in the trachea or upper respiratory tubes, it should be removed by the tracheal catheter. Should the nurse,

however, not be experienced with the catheter, she may suspend the baby by the feet or lower the head and wipe out, with a clean finger, the mucus which will drop forward.

Granted that respiration has been established, temperature 97° or normal, the baby is wrapped in warm flannels and laid in a basket.

Should it not seem necessary to send the baby to a hospital, many ways of keeping it warm may be devised, with fair results. A clothes-basket, lined with a blanket, and with pockets on the sides for hot-water bottles, placed near a stove or steam radiator, with a thermometer beside the baby, is very satisfactory.

We have found that the child wrapped in flannels is in better condition on arrival at the hospital than the one wrapped in cotton, and we would suggest that the best dress is a woolen shirt, a flannel binder, an ordinary diaper, and a flannel slip. Many nurses make the mistake of wrapping the baby in cotton immediately after birth. This is a serious handicap to the child. In the hurry the natural secretions have not been wiped off properly, the cord is allowed to ooze and often is left without a dressing, and in a short time a cold, wet condition exists, reducing the bodily heat very materially. On the other hand, the nurse may use too much oil, and that, together with the cotton covering, naturally causes a clogging of the pores, and a consequent chilling of the surface, reducing the vital heat to the minimum.

Hypothermia is perhaps the most important problem arising in connection with the premature child. To guard against post-natal hypothermia is the nurse's first duty; the importance of keeping a premature baby warm, cannot be too forcibly impressed. The vitality of such a child is naturally low, and if the baby once becomes thoroughly chilled and cyanosed, the roof of the mouth cold, and the temperature 92° to 95°, hot dips, hot cloths, stimulants, and even warm incubators are of little avail.

If the temperature of a new-born, premature infant be subnormal (95° to 97°), the hot bath must be given to restore the required heat before the child is wrapped in flannels, or before it is placed in the incubator.

It must be remembered that the incubator serves to lessen the heat loss of the premature baby, and to furnish warm filtered air and a uniform temperature, rather than to restore bodily heat and vital activities. These depend on direct external heat application and the maintenance of proper nutrition. Therefore the duty of a nurse to a premature infant is the prevention of heat-loss, the application of

heat to help toward that end, protection from jar and shock, careful observation of the infinite details from the moment of birth, and lastly, but not least, to be guided by her womanly instinct in gently and tenderly handling the tiny bit of humanity.

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### **CARE OF A PREMATURE BABY WITHOUT AN INCUBATOR**

By MARY E. HAYES

Graduate Michael Reese Training-School, Chicago, Illinois

As soon as possible after birth the child should be oiled, in front of a warm fire, and the cord dressed in the ordinary manner. A shirt, abdominal band, and a diaper are put on. The shirt is necessary to protect the arms and shoulders, as the cotton in which it is afterward wrapped separates with the motion of the hands. A close-fitting flannel cap should protect the head.

The room should be chosen with reference to its heating capacity; one with an open grate preferred; if this is impossible, a stove will be necessary. The temperature should be kept at about 90° Fahrenheit. An ordinary clothes-basket, with a feather pillow, will serve as a bed. The basket is to be preferred to a crib, as the sides protect the child from draughts. As the child has very little vitality, it will be best to keep this bed warm with hot-water bags. When the child is taken out to nurse, it should be placed on a hot-water bag and covered with a light blanket, head and all. During nursing the child is close enough to its mother to be kept warm by her body heat. During this time, the child's own room can be aired for a few minutes, after which the temperature should again be raised to the required point before bringing the child back.

Oil rubs should take the place of baths, and should be continued until the child has gained sufficient strength to admit of a sponge bath, but in the meantime the eyes and mouth will need washing with sterilized water morning and evening. Special attention should be given to the ears, as the little cap holds them close to the head, and they may become sore from heat and pressure.

Breast milk for a premature babe is almost a necessity. He should be fed every two hours during the day and every three hours at night. Perhaps at first the child will be too feeble to nurse. In

that case the milk should be pumped from the breast. This is put in a measuring glass and kept warm by placing the glass in warm water; then a medicine dropper can be used to feed it to the child until he can suck. In the meantime he should be frequently placed at the breast to teach him to nurse. A premature babe sleeps almost all the time. He should be fed regularly in spite of this, and as a certain amount of nourishment is necessary to the maintenance of life, great patience and perseverance are necessary in order to make him take the required amount; but do not give up until you have accomplished your purpose. It may take an hour to get him to take one tablespoonful of milk. If the food is sufficient in quantity and of good quality, the child will gain steadily from six to eight ounces a week, after the first week.

When the child is taken up to be fed the diaper should be changed, olive oil and absorbent cotton being used for cleansing purposes, as the skin is too tender to bear frequent washings with water.

In placing the child in his bed, be sure to reverse his position each time. Handle as little as possible, and avoid tub baths until the child has gained strength and resistance. If the babe goes into a profound sleep after a tub bath, it is an indication to discontinue them until he is stronger.

There is no set time for taking the child out of cotton and dressing him in full; we must be guided by his condition. The condition also will indicate when to lower the temperature of the room, which should be done gradually.

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## CONTAGIOUS NURSING IN PRIVATE HOMES

By SARA M. DICK

Graduate of Illinois Training-School for Nurses

THE following suggestions may prove of some aid to nurses who, though having had the necessary hospital training in contagious work, have not been called on to deal with conditions met with in private homes.

In many homes a suite of rooms is available, so that very little difficulty is encountered in isolating the case, while in others, where means are limited, the nurse's ingenuity is sometimes taxed to the utmost to observe needed precautions without usurping the one bathroom and upsetting the entire routine of the household.

Preferably, the room to be chosen should be on the top floor of the house. Air and light must figure largely in selection, and an important point is to have a room near, or connecting with, a bathroom. There should be as little furniture in the room as possible, and that of the plainest character. Rugs, curtains, etc., should be dispensed with. A sheet, with three or four loops of tape sewed to one end, should be hung by tacks or small brass hooks over the doorway. This sheet can be easily removed and is to be wrung out of a disinfecting solution often enough to keep it moist. This is done in order to prevent any germs from following the draught outward when the door is opened. Removing the sheet to dampen it, will prove less arduous than spraying or sprinkling it with a whisk broom. Platt's chlorides is one of the best disinfectants, having the advantage of being a good deodorant as well. A less expensive one, which is quite good, is three-per-cent. carbolic. Formaline, in strength adequate, would prove far too irritating. A foot-tub containing a three-per-cent. solution of carbolic should be kept in the clothes-closet for soaking all linen that has been used in the sick-room. It is advisable to remove the accumulation of soiled clothes twice a day. It should be sent to the laundry and kept immersed until washed. Sweeping should be done with a covered broom moistened with a disinfectant preferably a three-per-cent. solution of carbolic. Dusters should also be well dampened, and all wood-work, door-knobs, and furniture gone over once a day.

Where only one room is available, the nurse should have her meals served in the hall, just outside the sick-room. All food left over must be destroyed. In the absence of a grate, it must be put into a paper-lined, tightly covered bucket, which should be emptied twice a day. Immediately before being removed to the basement, where the contents should be burned in the furnace, the handle and outside of the bucket should be wiped off with a disinfectant, so that the person emptying it will not be exposed to contagion. The dishes and tray should be rinsed in the bath-room and put through a disinfectant solution, then left in the hall-way to be taken down stairs and cared for by some member of the household.

Out-of-door exercise is most essential for the nurse. She should change her under-skirt, shoes, and outer clothing, making the change in the bath-room, standing on a sheet, if no adjoining room is given over to her. It will be necessary to have some member of the family take charge of her street clothing, bringing it to her when she is ready to use it.

The person relieving the nurse should have a couple of loose cotton wrappers and dusting caps. She should wear short under-skirts of washable material, and when leaving the room should doff wrapper and cap and leave her shoes just inside the door. The wrapper and cap should be disinfected and sent to the laundry.

It must be borne in mind that the discharges from the nose and throat, in most contagious diseases, are among the greatest menaces. Flying flakes, from uncovered dried discharges, are very active factors in spreading disease. Small squares of linen, or old muslin, or Japanese paper napkins, which are easily and cheaply obtained, should be used for such excreta and put into paper cornucopias made with several thicknesses of paper, so that one or more thicknesses can be doubled in as a cover. This, and all other refuse, should be consigned to the covered bucket for removal to the furnace. A basin of some antiseptic solution should be kept just inside the doorway for washing the hands before leaving the room. Lysol, four-per-cent., will be found very satisfactory.

A cap, that completely covers the hair, is an essential in contagious cases. What is known as the Puritan dusting cap is perhaps a little more attractive than the old-time round shape.

The subject of disinfection after a case need not be considered here, as it has been adequately dealt with in former numbers of the JOURNAL.

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## NURSING ETHICS AND ETIQUETTE\*

By CHARLOTTE M. PERRY

Superintendent Faxton Hospital, Utica, N. Y.; Graduate Massachusetts General Hospital

(Continued from page 452.)

*Truthfulness.*—Of all the moral attributes, truthfulness is one which places us most on our honor. To the upright man, nothing is so heinous as any deviation from the truth. There are special professional reasons why nurses should practice strict observance of the rule of careful statement. A nurse's life is complex, full of varied duties and situations which call for ingenuity and tact, as well as for adherence to the truth. She administers powerful drugs, watches im-

\*Lecture given to the pupil-nurses of Faxton Hospital.

portant symptoms, becomes acquainted with facts often having a bearing on circumstantial evidence. She may be called upon to help trace out an intricate cause of disease of fatal termination. Under the strain of excessive activity she may commit an error, any attempt to cover up which might result disastrously to the patient. A mistake should, therefore, be promptly reported to the proper authority. The physician will depend upon the accuracy of a nurse's reporting of *facts*, not opinions, for his diagnosis. Her constant attendance upon the sick yields an opportunity for collecting important data which he can obtain in no other way. The habit of concise practical statement, expressed in technical language, adds greatly to a nurse's influence and professional prestige.

Trustworthiness refers primarily to the keeping as a sacred confidence all that is revealed, whether intentionally or inadvertently, concerning the patient's circumstances, condition, past history, family relations, or nature of disease and treatment. It is in violation of this ethical rule that nurses talk over these matters, even among themselves, in their rooms, at table, in the corridors of the hospital, in public thoroughfares, drug stores, or any place where they may be overheard. Once a matter is imparted to another, it is no longer a sacred confidence. Better always to practice a discreet silence in all things relating to a patient than to merit a lack of confidence on the part of the laity. Once aware of a nurse's broken faith and tendency to gossip, patients will not only shun that nurse, but will see to it that their friends are warned. Trustworthiness also enters into the character of a nurse's work. She must be perfectly reliable as to surgical cleanliness, watchful care of the patient, observation of symptoms, faithful execution of orders, conscientious use of appliances and hospital furnishings, safe storing of patient's belongings; for maintaining a loyal attitude toward the training-school, and for being a wholesome example to her class mates. In matters of conduct, nurses should remember that they are mature women who have adopted a serious profession; not youthful girls, full of irrepressible spirits, who so far forget their calling as to throw off all restraint. A certain reserve of manner should never be entirely lost. A discrimination should be shown, not only towards differences in rank, but between affairs professional and social. Trustworthiness in this respect would relieve those in authority of needless anxiety, and make the hospital atmosphere one of harmony and sympathetic coöperation in the care of the sick.

(To be continued.)

## BACTERIOLOGY FOR NURSES\*

BY E. STANLEY RYERSON, M.D., C.M.

Out-door Surgeon, Toronto General Hospital; Surgical Registrar, Hospital for Sick Children; Assistant Demonstrator in Pathology and Anatomy, University of Toronto.

(Continued from page 455.)

Modern Bacteriology was placed upon a definite scientific basis by the researches of Koch into the disease-producing bacteria. He introduced the materials called media, on which we now grow bacteria in the laboratory, and demonstrated how a disease could be reproduced in an animal by introducing the bacteria into its tissues, which procedure is known as inoculation. He formulated certain conditions which an organism must fulfil before it can be said to be the cause of a disease. These conditions or postulates are:

1. The organism must be constantly associated with the disease.
2. It must be separated from all other bacteria or, as it is called technically, isolated in pure culture.
3. It must reproduce the same disease, when it is introduced into the tissues of animals and the same organism must be found in the animal tissues.

He succeeded in discovering a number of bacteria which fulfilled these postulates, among which were the following: The Typhoid bacillus, which causes typhoid fever, he found in 1880 (this was also found independently about the same time by a bacteriologist named Elberth); in 1882, the Tubercle bacillus, the cause of all cases of tuberculosis or consumption; in 1884, the Cholera bacillus. In 1890 he made Tuberculin, a syrupy substance which, it was thought at first, would be a cure for consumption, but later was found to be of no value in this way, and is only used now as a test of the presence or absence of tuberculosis. Within the last few months we have been hearing about his investigations into the relationship of tuberculosis in cows and that in the human being.

Other bacteria, their discoverers and the date when found, are:

The Klebs-Loeffleur bacillus, by Klebs and Loeffleur, in 1884. It causes diphtheria.

Diplococcus pneumoniae by Fraenkel in 1885. It produces pneumonia.

Bacillus influenzae by Pfeiffer in 1892. Influenza or "La grippe" is caused by it.

Bacillus of bubonic plague by Katsato, a Japanese, in 1894.

Bacillus icteroides, by Sanarelli, in 1896, is the cause of yellow fever.

\*One of four lectures delivered to the Nurses of the Toronto General Hospital and the Hospital for Sick Children, Toronto, November, 1905.

Although all of the above and many other organisms have been isolated, bacteriologists have yet to discover the germs which cause some of our commonest diseases, such as smallpox, measles, scarlet fever, and whooping-cough. These unknown bacteria may be so small that our present microscopes do not magnify them to a size large enough for us to see them, or they may require some special form of preparation which has not yet been discovered. We cannot but be sanguine, however, when we consider the rapid development and wonderful advances which bacteriology has made in the last twenty-five years in comparison with the slow progress of the two centuries immediately preceding that time.

What are bacteria? They are very minute plants of a single cell which contain no chlorophyll, the substance that gives the green color to leaves and stems. Each plant or cell is composed of a wall surrounding a mass of albumen or protoplasm, which resembles closely the white of an egg. These cells increase in number by fission,—that is, by each cell dividing itself into two cells, each of which again divides into two, and this multiplication continues as long as favorable conditions for growth are present. *So we may define bacteria as microscopic unicellular vegetable organisms, devoid of chlorophyll, that multiply by the process of transverse division.*

*Classifications.*—For many years no classification could be found that would satisfy the minds of more than one or two schools of investigators. By degrees this state of confusion has been reduced to one of comparative order, which is used by most of the authorities on the subject at the present day.

The classifications are made as follows:

1. According to the class of fungi or mycetes to which bacteria belong.
2. According to the materials which they live on.
3. According to their shape or morphology.

(1) According to the class of fungi or mycetes to which they belong:

1. *Blastomycetes, or yeast fungi.* An example of this form is seen in the white growth known as thrush, which grows in the mouths of babies.

2. *Hypnomycetes or mould fungi.* To this class belongs the organism which produces ring-worm.

3. *Schizomycetes or fission fungi.* It is to this class that we will devote most of our attention during this course.

(To be continued.)

## PRACTICAL POINTS.

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[Nurses interested in this column are asked to send contributions for it.]

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IN using a rectal tube or catheter for giving a high enema, there is less danger of the tube coiling up if it is inserted while the fluid is escaping, and the rectum is allowed to dilate before it is pushed further up.—E. E.

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A SWAB of cotton on a tooth-pick is better than a rag on the finger for washing the gums of a small child. It is also excellent for cleansing the nostrils and external ear.—E. E.

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PATIENTS who object to food will frequently take a lightly beaten egg in orange juice, if it is strained and they are not told the egg is there.—E. E.

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CONTINUED hot applications will often give more relief to a hemorrhoid case than the usual suppositories, without the after effect.—E. E.

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A HOT foot-bath and vigorous rubbing of the entire scalp will relieve a nervous headache.—E. E.

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THE sick-room is unfortunately too often a general sitting-room. To insure the patient plenty of fresh air, it is not enough to keep one window open a little way. Frequently, during the day, and always before bed-time, cover the patient well, and open all the windows. It is not only good for the patient, but the nurse as well and, incidentally, makes the room uncomfortable for the family for the time being.—E. E.

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A WHALEBONE, bent so that it will reach far back, is good for cleansing the tongue of a typhoid-fever patient.—S. G.

A YOUNG boy, who had reached the hungry, convalescent stage of typhoid, was allowed by his doctor to chew gum as a pacifier. The gum proved a good cleanser of the teeth and tongue and is useful for that purpose, but the nurse must see that it is afterward put into a paper or cloth and burned.—S. G.

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AT a time of great weakness, to look at brightly colored flowers is like looking at a strong light. Flowers and plants of delicate shades and mild fragrance should be selected for the days following an operation.—M. C.

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WHEN one has a face-ache and takes a hot-water bag to bed, it can be kept from slipping about by putting it between the pillow and its outer case.

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IN caring for a patient whose eyes are inflamed no dry cotton should be brought near the face, as the fine, almost invisible fuzz which floats in the air tends to aggravate and increase the inflammation. Wet cotton may be used for irrigation or, better, the solution can be poured from a small open-mouthed bottle. Squares of soft linen should be used in place of the dry-cotton sponges.

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THE best way to clean the stitches after a perineal operation is to bend the patient's thighs back upon the abdomen. An assistant is needed to hold the knees, and some patients would object to the position, but the field can be seen clearly and cleaned thoroughly.

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IF a nurse is not needed for constant watching, but must be awake at certain hours to give treatments or medicine, an alarm-clock, set for the hour, can be put under her pillow. Its muffled sound will not disturb any one else but will rouse her on time. The key to the alarm should be turned only once or twice.—M. B.

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IN fumigating a room, glycerine can be used, instead of paste, for fastening strips of paper over the cracks of doors. Its advantage is that it does not injure the woodwork and is easily removed. Its disadvantage is that it will last only from six to nine hours. An un-

perforated roll of toilet paper is convenient to use for cutting strips.  
—M. H.

FOR bluish spots on the skin, likely to develop into bed-sores, use tincture of myrrh. While this is still damp, apply oxide of zinc powder, enough to form a paste or plaster over the spot. In an hour or two the skin begins to look more natural. Such an application made once a day is usually sufficient.—M. H.

IF the skin should be "burned" by too long application of an ice-bag, use immediately an alcohol compress larger than the area affected.—M. H.

A SMALL enema of olive oil, given in the evening to be retained all night, is successful in relieving constipation.—J. D.

#### AN ECONOMICAL OUTFIT FOR AN INFANT

AN outfit for an infant is usually a matter of considerable expense, but it is possible to have comfortable clothes for a baby, and enough to keep it always fresh and clean, at moderate cost. "Daisy cloth," for instance, may be used largely instead of flannel, for pinning blankets, petticoats and night-dresses. This is a soft, light weight, double-faced canton flannel, which does not become stiff with washing. It is nice, too, for the large diapers (while the small ones can be made of cheese-cloth), one yard to each diaper, folded twice, so that each diaper has four thicknesses and is eighteen inches square. These are to be stitched around the edges and diagonally. The little knit bands and shirts are very expensive, if purchased in the silk and wool (the all-wool ones are too irritating and should never be used), but the same things are made in the knit cotton and are warm enough for a normal baby. These are far better than the home-made shirts, cut in a jacket shape, which will always wrinkle.

To make a summary of the most necessary articles with suggestions as to prices and quantities: Flannel for first straight bands, 1 yard, 25 inches wide, \$.25; 4 knit bands, at 25 cents each, \$1.00; 4 knit cotton shirts, 25 cents each, \$1.00; 30 yards cheese cloth, for 30 first-size diapers, at 5 cents a yard, \$1.50; 18 yards daisy cloth, 32 inches wide, at 15 cents a yard (for making 20 diapers, 32 inches wide,

and a little longer than wide, to allow for shrinking), \$2.70; 4 petticoats, made of daisy cloth, in the "Gertrude" or "Dorothy" pattern, allowing 2 yards to each skirt, \$1.20; 4 night-dresses, ready-made, of outing flannel, 50 cents each, \$2.00; 12 slips, 8 at 25 cents each, \$2.00; 4 at 50 cents each, \$2.00. If made at home the slips require about  $2\frac{1}{2}$  yards of material 1 yard wide. A fairly good nainsook, 30 inches wide, costs 20 cents a yard. 2 pair socks, 25 cents each, \$.50; total cost \$14.15.

This outfit can be made still less expensive by lessening the number of articles, but unless one has the time and proper facilities for washing and ironing soiled articles at once, the above estimate will not be found excessive. Take the diapers as an example. The baby must have a small one pinned on and a large one laid under it to protect its clothes. When properly cared for, a baby has about thirteen changes of diapers in twenty-four hours, and an allowance of thirty small ones and twenty large ones is not any too ample. One could, at a pinch, get on with three each of shirts, bands and night-dresses, and with eight slips. This would reduce the total cost to eleven and a-half dollars.

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Several years ago after careful investigation it was reported in the *Boston Medical and Surgical Journal* that there was no danger from typhoid infection from ice that had been stored three weeks. Recent investigations made by Dr. Blumer, of Albany, trace an epidemic of typhoid at the St. Lawrence State Hospital to ice taken from the St. Lawrence river, which had been cut seven months previous. It seems that when this ice was forming there were typhoid cases among people using wells in the vicinity. Experiments and investigations have shown conclusively that the ice contained typhoid bacillus and the opinion is given that under certain favorable conditions ice is a dangerous source of typhoid infection.

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Certain political influences are at work in Chicago to abolish women tenement-house inspectors, and the women's club and social settlement workers are opposing this attempt to put women off of the force, the ground taken being that competent women should be retained and incompetent ones (if such there are on the force) be discharged and others appointed. Experience in New York and other places has demonstrated that for some kinds of tenement inspection women are better than men.

# A CURRICULUM FOR TRAINING SCHOOLS.

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NEW YORK STATE EDUCATION DEPARTMENT

## HIGHER EDUCATION

HOWARD J. ROGERS LL.D., First Assistant Commissioner in charge

Bulletin 28

*Proof under revision*

### COURSE OF STUDY AND SYLLABUS

RECOMMENDED BY THE STATE BOARD OF NURSE EXAMINERS

### FOR THE GUIDANCE OF NURSE TRAINING SCHOOLS

IN PREPARING THEIR STUDENTS FOR EXAMINATION BEFORE THE STATE  
BOARD

Outlined for the State Board by the Committee of Education and  
Revised by a Committee Representing the Education Department,  
the State Board of Nurse Examiners the New York State  
Nurses Association and the Training Schools

ALBANY, N. Y. APRIL 1, 1906

STATE NURSES ASSOCIATION

COMMITTEE ON EDUCATION

Appointed June 9, 1905

Mary S. Gilmour R.N., New York, *Chairman*

Anna M. Rykert R.N., New York

Lina Lightbourn R.N., Syracuse

Frances Black R.N., Buffalo

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Mary A. Samuel R.N., New York

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Mary S. Gilmour R.N., representing the Association  
Frances Black R.N., representing the Nurse Training Schools  
O. M. Dewing M.D., representing the State Hospitals  
H. L. Taylor Ph. D., representing the Education Department

## INTRODUCTION

This course of study and syllabus is intended for the guidance of nurse training schools in preparing their students for examinations as provided in the nurse practice act of 1903.

It has been prepared on the request of many nurse training schools desiring assistance in developing their courses of instruction and in improving their methods of training.

It provides for theoretical instruction, teaching by demonstration and service in the hospital wards. While it is not intended that the course as outlined shall interfere with flexibility in the arrangement of subjects, methods of teaching or division of time, it is to be accepted as covering the minimum requirements of the Department and the subjects and methods which it embodies will be the basis of the State examinations.

The full examination will include both a practical demonstration and a written test which includes questions on (1) elementary bacteriology, (2) elementary *materia medica*, (3) elementary anatomy and physiology, (4) diet cooking, (5) medical nursing including contagious diseases, (6) surgical nursing including gynecology, (7) obstetrical nursing, (8) nursing in children's diseases, (9) genito-urinary (for men). It is to be understood that these subjects are to be taught in their relations to nursing and not to medical practice.

Beginning January 1, 1906, the entrance requirement to nurse training schools is one year at least of registered secondary work or the equivalent, 15 counts in Regents examinations.

The preliminary training as outlined is to be included in the probationary period as part of the regular work in the hospital and the minimum recommendation is for two weeks only, but the time should be lengthened and the instruction broadened according to the facilities of the school, from one to six months. Teaching the new student the simple principles of nursing by demonstration before she is placed in the hospital ward to care for sick patients is a very important and

progressive feature of the curriculum which all nurse schools are urged to adopt.

This course of study and syllabus was outlined for the State Board of Examiners by a committee on education of the New York State Nurses' Association appointed June 9, 1905, a committee composed of women actively engaged in nurse teaching and representing different portions of the State and large, medium and small nurse training schools. It has been carefully revised by a committee representing the Education Department, the training schools of hospitals for the insane, homeopathic schools, the State Association and the Board of Nurse Examiners. It is issued as proof under revision to secure criticisms and suggestions that will insure its practicability, correct its defects and increase its field of usefulness.

#### NURSE PRACTICE ACT

Laws of New York 1903, ch. 203 in effect April 27

##### AN ACT TO AMEND THE PUBLIC HEALTH LAW RELATIVE TO THE PRACTICE OF NURSING

§ 206 WHO MAY PRACTISE AS REGISTERED NURSES. Any resident of the State of New York, being over the age of 21 years and of good moral character holding a diploma from a training school for nurses connected with a hospital or sanatorium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practise as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title, or use the abbreviation R. N. or any other words, letters or figures to indicate that the person using the name is such a registered nurse. Before beginning to practise nursing every such registered nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county. In the month of January, 1906, and in every 36th month thereafter, every registered nurse shall again cause his or her certificate to be recorded in the said county clerk's office, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such reregistration. Nothing contained in this act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease in violation of article 8 of this chapter.

§ 207 BOARD OF EXAMINERS; EXAMINATION; FEES. Upon the taking effect of this act the New York State Nurses Association shall nominate for examiners 10 of their members who have had not less than five years' experience in their profession, and at each annual meeting of said association thereafter, two other candidates. The Regents of the University of the State of New York shall appoint a board of five examiners from such list. One member of said board shall be appointed for one

year, one for two years, one for three years, one for four years, and one for five years. Upon the expiration of the term of office of any examiner the said Regents shall likewise fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner caused by death, resignation or otherwise, shall be filled by the Regents in the same manner as an original appointment is made. The said Regents, with the advice of the board of examiners above provided for, shall make rules for the examination of nurses applying for certification under this act, and shall charge for examination and for certification a fee of \$5 to meet the actual expenses, and shall report annually their receipts and expenditures under the provisions of this act, to the State Comptroller, and pay the balance of receipts over expenditures to the State Treasurer. The said Regents may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon. No person shall thereafter practise as a registered nurse under any such revoked certificate.

§ 208 WAVER OF EXAMINATIONS. The Regents of the University of the State of New York, may upon the recommendation of said board of examiners, waive the examination of any persons possessing the qualifications mentioned in section 206, who shall have been graduated before or who are in training at the time of, the passage of this act and shall hereafter be graduated, and of such persons now engaged in the practise of nursing, as have had three years' experience in a general hospital prior to the passage of this act, who shall apply in writing for such certificate within three years after the passage of this act, and shall also grant a certificate to any nurse of good moral character, who has been engaged in the actual practise of nursing for not less than three years next prior to the passage of this act who shall satisfactorily pass an examination in practical nursing within three years hereafter.

209 VIOLATIONS OF THIS ARTICLE. Any violation of this article shall be a misdemeanor. When any prosecution under this article is made on the complaint of the New York State Nurses Association, the certificate of incorporation of which was filed and recorded in the office of the Secretary of State on the second day of April, 1902, the fines collected shall be paid to said association and any excess in the amount of fines so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the Treasurer of the State of New York.

#### REGENTS SPECIAL RULES RELATING TO THE REGISTRATION OF NURSES

INCORPORATION. The training school for nurses or the institution of which it is a department must be incorporated, and will be inspected by the Education Department upon receiving its formal application for registration showing that it possesses the minimum requirements.

HOSPITAL FACILITIES. For registration, a nurses training school must be connected with a hospital (or sanatorium) having not less than 25 beds and the number of beds must be from two to four times the number of students in the school, depending on the character of the hospital's facilities for private or ward patients.

**PRELIMINARY EDUCATION.** All training schools registered by the Regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, preference being given to applicants who have had one year or more in a secondary school and to those who have taken a full course in domestic science in a recognized technical school. After January 1, 1906, a one year secondary course, or its equivalent, will be required.

**SUBJECTS OF STATE EXAMINATION.** Training schools for nurses registered by the Regents shall provide both practical and theoretic instruction in the following branches of nursing: (1) medical nursing (including *materia medica*), (2) surgical nursing, with operative technic including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick including (a) 12 lessons in cooking in a good technical school, or with a competent diet teacher (b) food values, and feeding in special cases, to be taught in classes (not by lectures, (6) a thorough course of theoretical instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches, in place of gynecological and obstetrical nursing.

**PROFESSIONAL EDUCATION.** The period of instruction in the training school shall be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital. Training schools giving a three year course and wishing to continue the practice of utilizing their pupils to earn money for the hospital may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their course. But training schools with a two year course wishing to continue the practice must extend their course to meet the above requirements.

#### COURSE OF STUDY

**FACULTY.** The minimum force *necessary* to carry out the curriculum comprises a superintendent and an assistant superintendent to afford instruction in practical nursing in all branches, *materia medica*, anatomy and physiology; a dietitian to impart instruction in dietetics in all branches; four lectures to afford instruction in (1) medicine, (2) surgery and bacteriology, (3) obstetrics and gynecology, (4) children's and contagious diseases.

In small hospitals and training schools the superintendent should, as matron, have charge of the diet and store rooms, and should give the necessary diet kitchen practice. The assistant should have immediate charge of the operating room and wards, and with the doctors give clinical instruction and supervise the ward practice, which should be inspected by the superintendent as frequently as desirable.

The lecturers should have the graduating class and should cover their ground in four lectures each, which can be arranged to be given once a year. If the lecturers are to be paid, the cost may vary from \$3 to \$10 per lecture.

The superintendent of the training school and all nurse assistants should be registered nurses. Paid instructors or physicians should be engaged for definite periods.

**OUTLINE OF WARD SERVICE.** This arrangement for 25 months' service in the wards is outlined as the minimum requirement of all registered schools. If the course be three years, the probationary term should be from three to six months, and the remaining nine or six months be devoted to specialties and head nurse work and private duty and district work.

**Probationary term.** This includes one month of preliminary work.

**Junior term.** This requires at least eight months; in medical nursing for men or women or both, four months; in diet kitchen, one month; on night duty, one month; in surgical nursing (general), two months.

**Intermediate term.** This requires at least eight months; in the operating room, one month; in special medical and surgical cases, two months; (this time is designed to fill the need for the special nursing of critical cases; when the hospital does not demand such service, it should be added to the regular medical or surgical service); in gynecology, two months; on night duty, two months; on vacation, one month.

**Senior term.** This requires at least eight months; in obstetrics, one month; with children, three months (one month of this should be night duty, two months day); as senior assistant or head nurse, four months (including massage).

**THEORETICAL WORK ARRANGED BY CLASSES.** By outlining the theoretical work for three classes of students, the January to enter and graduate January 1; the May to enter and graduate May 1, and the August to enter and graduate August 1 the hospital has the benefit of additional help during vacation period. Each class has at least nine

months of the two years with no theoretical instruction which gives ample time for vacations and special studies. In outlining the course for three years, additional studies should be arranged at the discretion of the superintendent for her special needs.

**JANUARY CLASS (PROBATIONARY WORK DURING DECEMBER)****FIRST YEAR**

Junior work—January to May  
Vacation period—June and July  
Intermediate work—August to December

**SECOND YEAR**

No theoretical instruction—January to July  
Senior work—August to December  
Graduate—January 1

**MAY CLASS (PROBATIONARY WORK DURING APRIL)****FIRST YEAR**

No theoretical instruction—May to July  
Junior work—August to December  
Intermediate work—January to April

**SECOND YEAR**

Vacation period—May to July  
Senior work—August to December  
No theoretical instruction—January to April  
Graduate—May 1

**AUGUST CLASS (PROBATIONARY WORK DURING JULY)****FIRST YEAR**

Junior work—August to December  
Intermediate work—January to April  
Vacation period—May to July

**SECOND YEAR**

Senior work—August to December  
No theoretical instruction—January to July  
Graduate—August 1

*no ref to books*

**OUTLINE OF THEORETICAL WORK.** This instruction arranged for four terms requires at least 25 months and should be increased to 36 months as rapidly as the development of the school warrants. The superintendent and assistant give no lessons in June and July or on

Wednesdays or Fridays or Saturdays during the year except in probationary work.

Probationary term. This comprises one month, two weeks of which or 16 days at least are given to lessons. For details see weekly schedule.

Junior term. This comprises eight months, five of which or 20 weeks are given to lessons; for three months no theoretical instruction is given.

Beginning the first week of January and the first week of August give on Tuesdays from 4 to 6 p. m. medical nursing, 20 lessons in theory and eight practical demonstrations; on Thursdays from 4 to 6 p. m. anatomy—10 lessons; surgical nursing—six lessons in theory and five lessons in practice; gynecology—four lessons in theory and one in practice. Dietetics on Fridays from 4 to 6 p. m. for 20 weeks. Provide for examinations in the third week of May and in the third week of December.

Intermediate term. This comprises eight months, four of which or 16 weeks are given to lessons; for four months no theoretical instruction is given.

Beginning the first week of January and the last week of August give on Mondays from 4 to 6 p.m. obstetrics—eight lessons; *materia medica*—six lessons; from January to April children's diseases—eight lessons; *materia medica*—six lessons. Provide for examinations in the last week of April and the third week of December.

Senior term. This comprises eight months, four of which or 16 weeks are given to lessons; for four months no theoretical instruction is given. This instruction is for the graduate class and given in the fall only.

Beginning the last week of August give on Wednesdays from 5 to 6 p. m. 16 lectures, four each to (1) medicine, (2) surgery and bacteriology, (3) obstetrics and gynecology, (4) children's diseases and contagious nursing. Provide for examinations in the third week of December.

**A WEEKLY PROGRAM OF THE WORK OF THE TERMS.** As very few lectures cover two hours and as the lesson periods of very few training schools are two hours long the time indicated in this arrangement is maximum. The probationary term is not provided for in this outline and should be arranged by the superintendent for those months during which the work is lightest.

Mondays. The intermediates meet the superintendent and assistants from 4 to 6 p. m. for 16 weeks from the first week of January

to the third week of April and from the last week of August to the second week of December inclusive, the examinations being held in the last week of April and the third week of December.

**Tuesdays.** The juniors meet the superintendent and assistants from 4 to 6 p. m. for 20 weeks from the first week of January to the second week of May and from the first week of August to the second week of December, the examinations being held in the third week of May and the third week of December.

**Wednesdays.** The seniors take lectures from the medical staff from 5 to 6 p. m. for 16 weeks during the fall term only, i. e. from the last week of August to the second week of December, the examinations being held in the third week of December.

**Thursdays.** The juniors meet the superintendent and assistants from 4 to 6 p. m. for 10 weeks from the first week of January to the second week of March and from the first week of August to the first week of October, the examinations being held in the third week of May and the third week of December.

**Fridays.** The juniors meet the dietitian from 4 to 6 p. m. for 20 weeks from the first week of January to the second week of May and from the first week of August to the second week of December, the examinations being held the third week of May and the third week of December.

#### SYLLABUS

**PROBATIONARY TERM.** In outlining a time schedule of the 16 days of preliminary training the instruction in bandaging, theory and ethics is assigned to the superintendent of the training school; the practical work and the care of their own rooms to the assistant superintendent; the diet kitchen to the dietitian; the elementary anatomy to a head nurse, and the supply room to the head nurse in charge of the supply room.

**SCHEDULE OF PRELIMINARY TRAINING.** Assuming that eight probationers arrive on Tuesday, they should be divided into groups of four each, A and B, for the 8.15 a. m. period. At the subsequent lessons of the day both groups meet together.

##### WEDNESDAY AND MONDAY

##### MORNING

7.40	Breakfast
8.15	Group A in diet kitchen; group B in care of their own rooms
10	Theory and ethics of nursing
11-1.30	Off duty, dinner 12.45

## AFTERNOON

1.30-2.30 Bandaging  
 2.30-4.30 Practical demonstration by the teacher  
 4.30 Off duty

THURSDAY, SATURDAY AND TUESDAY.

## MORNING

7.40 Breakfast  
 8.15 Group A in supply room; group B in care of their own rooms  
 10 Theory and ethics of nursing  
 11-1.30 Off duty, dinner 12.45

## AFTERNOON

1.30 Elementary anatomy  
 2.30-4.30 Practical demonstration by a pupil  
 4.30 Off duty

## FRIDAY

## MORNING

7.40 Breakfast  
 8.15 Group A in diet kitchen; group B in care of their own rooms  
 10 Theory and ethics of nursing  
 11-12.30 Practical demonstration by the teacher  
 12.45 Dinner

## AFTERNOON

Off duty

## SUNDAY

No instruction required

The second Friday the groups change work at the 8.15 a. m. period but otherwise the next eight lessons follow the same daily schedule. By this schedule each group has eight room lessons, four lessons in the supply room, and four in the diet kitchen. All students have eight lessons on bandaging; eight in anatomy; 18 in theory and ethics; and 16 practical lessons. The four lessons in ward work should be given in two groups by two instructors.

OUTLINE OF PRACTICAL DEMONSTRATIONS. These 16 lessons are given from 2.30 to 4.30 unless otherwise indicated.

- 1 Wednesday. Dusting, carbolizing bed, making show bed
- 2 Thursday. General survey of the hospital
- 3 Friday. 11.30 a. m. Making bed (patient in bed)
- 4 Saturday. Care of rubber goods (sheets, hot water bags, ice caps, enema tubes, rubber rings) care of instruments, making cotton balls
- 5 Monday. Admitting stretcher cases; undressing patient, bath; care of clothing and valuables
- 6 Tuesday. Washing hair, care of back, mouth, teeth; adjusting bed pan

- 7 Wednesday. Feeding helpless patients; getting patient up in bed; sitting patient up out of bed
- 8 Thursday. Ether bed, care of patient; changing mattress
- 9 Friday, 11.30 a. m. Temperature, pulse, charting, bedside notes, respiration
- 10 Saturday. Mustard pastes, stupes, poultices
- 11 Monday. Patients' clothing closets in wards. Listing
- 12 Tuesday. In ward lavatories; dusting; measuring urine; preparation of specimens; care of toilets, bed pans, catheters, douche nozzles, etc. Instruments, etc.
- 13 Wednesday. Linen closets in wards
- 14 Thursday. In ward dining rooms; refrigerators, gas stoves, cupboards, trays etc.; serving
- 15 Friday, 11.30 a. m. Review; enemata (purgatives, nutritive, stimulative
- 16 Saturday. Review; method of preparing and giving the douche  
On duty in wards 4.30 p. m. Saturday and Sunday a. m. Regular duty  
Monday.

**THEORY AND ETHICS OF NURSING. 18 lessons.**

- 1 House rules, hospital etiquette, nursing ethics
- 2 A description of the various kinds of beds; bed-making, care of mattress, pillows, blankets, etc.
- 3 Personal hygiene, asepsis
- 4 Sick room and ward hygiene; ventilation; heating
- 5 A new patient; care of clothing and valuables
- 6 Causes and prevention of bed sores
- 7 A description of the various kinds of baths; temperature of baths
- 8-10 Ethics of nursing
- 11 Solid and fluid preparations; modes of administration; the making of solutions
- 12 Signs and abbreviations, weights and measures, percentage
- 13 The metric system
- 14 Antiseptics and disinfectants
- 15 Meaning of medicine; time of giving; medicine lists; medicine closets
- 16 Administration of drugs; approximate value of the different methods; dosage for adults and for children; methods of determining amounts
- 17 Classification of drugs and chemicals; simple hypnotics; common cathartics and ordinary heart stimulants, depressants and sedatives
- 18 A general knowledge of the preparation, strength, doses, physiologic action, poisonous symptoms, and treatment of aconite, alcohol, arsenic, belladonna, bromin, carbolic acid, chloral, digitalis, ether, iodin, iron, nux vomica, mercury, nitro-glycerin, opium

**ELEMENTARY ANATOMY.** These eight lessons in elementary anatomy are outlined for the probationary term and should serve as an introduction to the subject and as a preparation for the more extended study of the same in subsequent terms.

- 1 Tissues, systems, cavities and organs contained therein
- 2 The osseous system: classes of bones, their composition and development; bones of the head

- 3 Bones of the trunk and limbs
- 4 Muscles: attachments
- 5 The digestive system; alimentary canal
- 6 The circulatory system; pulmonic, systemic, portal, hemorrhages
- 7 The respiratory system
- 8 Executory system

**BANDAGING.** Eight lessons.

- 1 Spiral, figure of eight, reverse bandages
- 2 Arm bandage, elbow, shoulder spica
- 3 Hand bandages
- 4 Foot and leg, including heel
- 5 Barton eye bandages
- 6 Binders of various kinds
- 7 Finger thumb spica
- 8 Review

**JUNIOR TERM.** Medical nursing—The 20 lessons in the theory of medical nursing and eight practical demonstrations are planned for Tuesdays 4 to 6 p. m. from the first week of January and of August.

**Practical demonstrations**

- 1 Making and applying poultices, fomentations, ice poultices, counter irritants, dry cupping
- 2 Hot baths, hot packs, vapor baths, mustard packs and foot baths
- 3 Typhoid tub baths, anterior packs, alcohol sponge baths, cold packs, ice coils
- 4 Preparation for lavage, gavage, nasal feeding
- 5 Preparation for infusion, phlebotomy and hypodermoclysis
- 6 Preparation for thoracentesis, paracentesis, exploratory puncture of chest, lumbar puncture and blood culture
- 7 Test meals, special diets, administration of oxygen, use and care of cautery
- 8 Keeping of temperature charts and bedside notes

**Theoretical instruction**

- 1 Observation of symptoms; two lessons
- 2 Medical emergencies, including cases of acute poisoning; two lessons
- 3 Fevers. Typhoid, pneumonia, malaria, and cerebro-spinal meningitis; three lessons
- 4 Physiology and diseases of the blood; three lessons
- 5 Physiology and diseases of the respiratory system; three lessons
- 6 Physiology and diseases of the kidneys; one lesson
- 7 Physiology and diseases of the alimentary tract; three lessons
- 8 Physiology and diseases of the nervous system; three lessons
- 9 Urinalysis should be given by practical instruction in the laboratory during the second year, the class being divided into sections. It naturally follows or supplements the work of *materia medica* outlined for the intermediate term.

### Methods of instruction

The practical lessons should be given by sections when the size of the classes demands it.

The demonstrations should be given by the head nurses but senior pupils may be employed if necessary.

The clinical teaching in the wards should be given by supervisors or competent head nurses; but the clinical instruction should be given by physicians.

The classes should recite regularly and written quizzes should be required frequently.

Occasional lectures on up to date methods and on the progress in the prevention and treatment of diseases should be afforded the nurses in training.

### SURGICAL NURSING AND GYNECOLOGY

These 20 courses in surgical nursing and gynecology and six practical demonstrations are planned for Thursdays from 4 to 6 p. m. from the first week of January and of August

#### Practical demonstration

- 1 Use of antiseptics, aseptic, disinfectants, germicides, deodorants; sterilization by heat and chemical agents
- 2 Nurse's technic in preparing sterile dressings and utensils, in assisting at surgical dressings, and in preparing for and during operations
- 3 The preparation of the patient for the operation and his after care
- 4 The preparation for gynecologic examinations, and the positions for the same
- 5 The application of splints and extensions
- 6 Bandaging

#### Theoretical instruction

These 20 lessons can be covered in 10 lectures of one half hour each and six lessons of one hour and one half each in practical demonstration, which should include bandaging. The lectures can be given by the superintendent of the training school and the practical demonstrations by the assistant.

The 10 lessons in anatomy should include a review of the preliminary work in this subject and a thorough study of

- 1 The heart
- 2 The vascular system and the general circulation
- 3 The artificial distribution and the venous return
- 4 The lungs and pulmonary circulation

- 5 The liver and the portal circulation
- 6 The lymphatics
- 7 The stomach and intestines
- 8 The kidney and urinary tract
- 9 The brain and spinal cord
- 10 The nervous system

The theory of surgical nursing should include,

- 1 Bacteriology; cell life
- 2 The varieties, causes and healing of wounds; inflammation; suppuration etc.
- 3 The principles of aseptic and antiseptic surgery; the preparation and use of dressings and disinfectants
- 4 The technic of the operating room, in the hospital and in private houses
- 5 The preparation for and care of patients during and after operations
- 6 Surgical emergencies, fractures, shock, sprains, and dislocations; foreign bodies in the ear, etc.; the accidental swallowing of sharp bodies; burns, scalds, frost bites, etc.

The instruction in gynecology should include

- 1 Anatomy and physiology of the pelvic organs
- 2 Diseases to which these organs are liable; gynecologic terms and definitions
- 3 Preparation of patients for operations and examinations
- 4 Care of patients after various operations, including nursing until convalescence is established

**DIETETICS.** The course in dietetics is planned for Friday from 4 to 6 p. m. The 20 lessons in theory and the 20 lessons in practical work with visits to markets should be given from the first week of January and of August. The time should be divided somewhat as follows: quiz on previous lesson 15 minutes, talk by teacher on theory 15 minutes, practical work 90 minutes. It is suggested that a section should not be larger than eight, and that nearly all work should be individual. It is also suggested that the first 14 lessons should be correlated with anatomy and physiology, and the last six lessons with work in special diseases.

#### OUTLINE

Lesson 1: Classification of foods; coffee. Lesson 2: Mineral foods; mineral waters. Lesson 3: Carbohydrates—starch, dextrose. Lesson 4: Carbohydrates—cellulose, cereals, vegetables. Lesson 5: Carbohydrates—nuts, legumes. Lesson 6: Carbohydrates—sugar, fruits. Lesson 7: Fats and oils, salads. Lesson 8: Proteids—milk. Lesson 9: Proteids—eggs. Lesson 10: Proteids—meat, roasting and broiling. Lesson 11: Proteids—meat, stock

and broths, fish. Lesson 12: Proteids—gelatin. Lesson 13: Review; bread. Lesson 14: Review; frozen mixtures, sponge cake. Lesson 15: Computing diaries, soft and liquid diets. Lesson 16: Children's diet; convalescent diet. Lesson 17: Diabetic diet. Lesson 18: Rheumatic diet. Lesson 19: Fever and post-operative diet. Lesson 20: General review; preparing trays.

#### LESSONS IN DETAIL

**Lesson 1.** Theory. Classification of foods; definition; illustration—body compared to steam engine; requirements—life ration, working ration, sick ration. Five food principles: organic—(1) proteids, (2) fats, (3) carbohydrates; inorganic—(4) water, (5) salts. Water. Begin with water because it is the simplest of the food principles. Definition; constituents; solids and gases; taking—temperature for, when, object; boiling water—method, observations, effect of elevation, effect of constituents, result, Amount found in body, daily income and outgo, effect of increase or diminution in diet. Influence of water on digestion, on absorption, on metabolism. Uses in body. Coffee: uses and abuses; effect on digestion.

Practical work. Demonstration of measurements. Each member of the class makes coffee, and by groups (1) coffee by the cold method, (2) by the drip method, (3) coffee punch, (4) coffee egg nog.

**Lesson 2.** Theory. Mineral food, mineral waters. Salts: amount found in the body; necessity in food; food value in heat, energy, tissue building. Kinds: calcium, sodium, phosphorus, magnesium, iron sulfur, potassium; uses of each in body. Vegetable acids: oxalic, citric, malic, tartaric. Mineral waters: where found, chemical constituents, when and how taken, uses in the body. Kinds: alkaline waters, alkaline sulfur waters, alkaline and saline purges, chalybeates, acidulous, other waters such as arsenic and alum. Practical work. Each member applies flame test for sodium, potassium, calcium, strontium, by borax bead and brunsen burner and by groups: (1-2) fruit syrups with carbonated waters, (3) egg lemonade, (4) claret cup, (5) fruit punches, (6) fruit albumen, (7) apple water, (8) fruit egg nog.

**Lesson 3.** Theory. Carbohydrates: source, composition, food values. Starch and dextrine: sources, physical properties, under the microscope, digestion, food value.

Practical work. Each member scollops oysters, toasts bread and applies cream sauce and by groups make (1) milk punch (2) junket.

**Lesson 4.** Theory. Cellulose: composition, structure, use in

dietary, digestion, when allowed or forbidden. Cereals and vegetables: sources, composition, structures, forms used for food, comparative amounts of cellulose to remove cellulose, digestion, food value.

Practical work. Each member bakes a potato, one-half the class boils rice, one-half cooks a vegetable to be served with cream sauce or melted butter, and by groups prepare (1) a breakfast cereal in large quantities (2) a gruel.

Lesson 5. Theory. Nuts and legumes: sources, composition, structure, cooking, digestion, food value.

Practical work. Each member makes cream soup of either green peas, lima beans, split peas, almond meal or lentils, and by groups: (1) toasted almonds, (2) salted peanuts, (3) macaroons, (4) almond gluten cakes, (5) nuttose.

Lesson 6. Theory. Sugar: comparison of sucrose, glucose, levulose, lactose; source, preparation, composition, properties, digestion, food value. Fruits: dried, fresh, preserved; source, composition, structure; cooking, digestion, food values.

Practical work. Each member makes cranberry jelly; bakes an apple, and makes peanut brittle and by groups: (1) scalloped apples, (2) lemon sauce, (3) apple sauce, (4) stewed dried fruit.

Lesson 7. Theory. Fats and oils: sources, composition, structure digestion, cookery, food value; selection for an invalid. Salads: vegetables used, food values; salts and cellulose present. Calorie: definition, how determined, calories in certain weight of food principles.

Practical work. Each member makes vegetable salad, French or Chinese dressing; cream of potato soup, and by groups four fruit salads.

Lesson 8. Theory. Proteids: composition, divisions, necessity for, sources. Milk: source, composition of human and cow's milk, digestion, effect of heat, food value.

Practical work. Each member makes cocoa and by groups modify milk by (1) albumenizing, (2) peptonizing, (3) pasteurizing, (4) sterilizing, (5) cocoa punch, (6) cocoa egg nog.

Lesson 9. Theory. Eggs: composition, structure, selection, preservation, cookery, tests, digestion, food value.

Practical work. Each member makes a custard, and an omelet, and by groups prepare eggs (1) hard boiled, (2) soft boiled, (3) creamy, (4) stirred, (5) in tomato sauce, (6) in nest, (7) scrambled.

Lesson 10. Theory. Study of albumen, myosin, fibrin, cod-fat, suet, marrow, mineral matter. Meat: structure, composition, waste, selection of cuts, broiling, roasting, pan broiling; digestion, food value.

Practical work. Each member makes a raw beef sandwich, or a

beef salad and by groups (1) roast chicken, (2) broiled steak, (3) mashed potatoes.

**Lesson 11.** Theory. Study of gelatin, kreatin, kreatinin. Composition of stock, broth, peptonized beef broth, beef juice. Fish: scaly, white, oily, examples; shell, mollusks, crustaceous, examples; how to determine fresh fish; composition; cookery—object, method, effect; digestibility.

Practical work. Each member makes clam broth and by groups (1) plain and peptonized beef broth, (2) beef juice, (3) stock, (4) oyster stews.

**Lesson 12.** Theory. Commercial forms of gelatin; source, composition, digestion, food value, methods of using.

Practical work. Each member makes plain jelly and snow pudding, or charlotte russe and by groups mix bread.

**Lesson 13.** Theory. Wheat: structure, composition, milling, gluten, use in bread. Yeast: growth, structure, action upon sugar. Bread: process of making, composition, digestion, food value.

Practical work. Each member molds and bakes rolls and bread sticks, pan-broils chops, and by groups make (1) chocolate, (2) whipped cream, (3) pulled bread.

**Lesson 14.** Theory. Effect of freezing mixtures and use of ice cream freezer. Ice cream: composition, digestion, food value, use for invalid.

Practical work. Each member makes small amount of ice cream or water ice without freezer also a small sponge cake and by groups a large amount of ice cream in freezer.

**Lesson 15.** Theory. Dietary standards: how obtained, how modified, practical applications. Dietaries: amount determined by occupation, age, size and weight, climate; composition by occupation, age, climate idiosyncrasies, health; cost by composition, season and location.

Practical work. Review by groups soft and liquid diets assigning new preparations to the various divisions, and by groups various gruels.

**Lesson 16.** Theory. Children's diet: first year—amount and composition, weaning; second year—kinds; third and fourth year—hours; adolescence.

Practical work. Prepare by groups (1) a breakfast for a convalescent man, (2) a dinner for a convalescent woman, (3) a supper for a convalescent child.

**Lesson 17.** Theory. Review by carbohydrates and extractives,

comparison of food value of carbohydrates and fats, digestion of fats, amounts of fats absorbed, amount of extractives allowed. Study of cheese, white meats, fish, eggs, cream, olive oil, gluten flours, saccharine.

Practical work. Prepare by groups: (1) cream soups and sauces, thickened with egg; (2) pan broiling of chops; (3) fish; (4) cabbage with butter; (5) celery in cream and codfish in cream; (6) gluteroni with cheese and tomatoes; (7) desserts with saccharine, gluten bread, wafers and nut cake; (8) diabetic milk, and salads.

Lesson 18. Theory. Review by extractives, nuts and legumes, comparisons of vegetable and animal proteids and substitutions in dietary.

Practical work. Prepare by groups: (1) cream of legumes and vegetable soups; (2) broiled and baked fish; (3) creamy rice pudding; (4) vegetables; (5) creamed chicken.

Lesson 19. Theory. General and abdominal fevers or operations, food principles needed in diet, digestion in fevers, absorption of and residue from the following foods: milk, eggs, soup stock, broths, meat and fish juices, malted and peptonized foods, gruels.

Practical work. Prepare by groups: (1) milk fortified by fresh or dried albumen; (2) somatose; (3) plasmon; (4) albumen with fruit juices; (5) ice cream with plasmon; (6) use of malted milk.

Lesson 20. Theory. Questions on theory of course and on practical cooking; answers to be written and marked on a scale of 10, viz., results 5, neatness 3, deftness 2.

Practical work. Each pupil to be given a recipe with ingredients and proportions only, but no method, and to work without instructions and by groups: (1) three pupils prepare a breakfast tray; (2) one prepare fruit and set tray; (3) one prepare omelet; (4) one prepare toast and coffee; (5) three prepare dinner for convalescent; (6) one make salad and set tray; (7) one broil chop and cook potatoes; (8) one make clam broath and cook vegetables.

Practical review (suggestive). (1) Two pupils prepare luncheon for diabetic; (2) one make gluten wafers and set tray; (3) one make cream soup with egg thickening.

**INTERMEDIATE TERM.** The eight lessons each in obstetrics and in children's diseases and the 12 lessons in *materia medica* are planned for Mondays from 4 to 6 p. m. from the first week of January and the last week of August.

Obstetrical nursing. To be eligible for registration the school

must provide that each nurse have the care of not less than six cases, during labor and through the puerperium; general hospitals unable to afford this minimum training should affiliate with an obstetrical hospital.

The eight practical lessons should include:

- 1 The preparation of room and patient for normal labor
- 2 The preparation of patient for different positions for examination or delivery
- 3 The massage and treatment of the breasts
- 4 The application of the band
- 5 The baby's first bath
- 6 The care and management of the incubator
- 7 The special care of the baby's eyes, nose, mouth, and genitals
- 8 The preparation of the baby's food

The eight theoretical lessons should include:

- 1 Anatomy and physiology of the reproductive system
- 2 Pregnancy and labor; care required during those periods
- 3 Care during the puerperium under normal and abnormal conditions
- 4 (a) Obstetric operations. (b) Presentations and positions
- 5 Obstetric complications during and after labor.
- 6 The care of the new born infant
- 7 Infant feeding
- 8 The care of premature infants

Nursing of children. Students of registered schools connected with children's hospitals should serve a six months term in an adult hospital including the required training in obstetrical nursing.

The question of the limitation of childhood and children's diseases has arisen in the administration of the hospitals and it is assumed that most hospitals draw the line at the 14th year, and 5 years of age is the usual demarcation for infant diseases.

The eight practical lessons in the nursing of children should include,

- 1 Artificial feeding; the care of bottles, utensils etc.
- 2 Methods of mild restraint for delirious children, or for children with skin diseases
- 3 Children's dosage
- 4 Tubbing of children without fright
- 5 Disinfection of room, utensils, patient and nurse during and after contagious illness
- 6 Care of intubation and tracheotomy tubes
- 7 Irrigation of throat in diphtheria
- 8 Inhalations, vapor, steam and hot air apparatus

The eight theoretical lessons in the nursing of children should include:

- 1 The preliminary study of infancy and childhood. Dietaries up to 7 years. General hygiene. Dentition
- 2 The diseases of nutrition; rachitis, marasmus; the alimentary tract, stomach and intestines
- 3 The internal organs, kidneys, liver, heart
- 4 The mouth, air passages, lungs
- 5 Diseases of the skin, blood and glands
- 6 The eye and the ear; nursing technic
- 7 Nervous diseases
- 8 The unclassified diseases

Materia medica. The 12 lessons of the intermediate term should be introduced by a review of the instruction given in the preliminary.

- 1 Classification, source, appearance and action of drugs; alkalines; alkaline earths; the metals
- 2 Nonmetallic elements; inorganic and organic acids, carbon compounds
- 3 The vegetable kingdom; the animal; miscellaneous drugs
- 4 Materia medica. Remedial agents and their uses: heat, cold, light, air, electricity, water, serums, transfusions; pharmaceutical terms
- 5 Dosage; idiosyncrasy; toleration; habit; hypnotics; how and when to give doses; trional; veronal; sulfonal; sodium and potassium bromide; chloral hydrate; codeine
- 6 Cathartics: how and when to give doses, physiologic action; castor oil; calomel; cascara; compound licorice powder; Epsom salts; Rochelle salts; seidlitz powder
- 7 Heart stimulants; doses, whiskey; brandy; strychnine sulfate; aromatic spirits of ammonia; coffee; camphor; digitalis; nitro glycerin; normal salt solution
- 8 The use of opium and its preparations: alkaloids; physiologic action; precautions in its use; morphine, its preparation and doses.
- 9 The use of belladonna, aconite and nux vomica; physiologic action; precautions
- 10 Physiologic actions and constitutional symptoms of the more important drugs, their preparations and doses: iron, arsenic, mercury, alcohol, quinine, postassium iodide
- 11 Ether, chloroform, cocaine, digitalis, strophantidin, colchicum
- 12 Carbolic acid, coal tar preparations, as antipyrin, phenacetin, etc.; salicylates; saccharin

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SENIOR TERM. The 16 lectures of the graduating class are planned for Wednesdays from 5 to 6 p. m. and should be given by physicians Medicine. The four lectures should include:

- 1 Acute medical diseases
- 2 Chronic medical diseases

- 3 Nervous diseases
- 4 Medical emergencies; common poisons and their antidotes

Bacteriology and Surgery. The four lectures should include:

- 1 Cell life; the germ theory; principles of aseptic and antiseptic surgery
- 2 Disinfectants and germicides; disinfection and quarantine; healing of wounds, varieties and treatment
- 3 Anesthetics and their administration; care of patients before, during and after operation
- 4 Emergencies, shock, hemorrhage etc.; diagnosis and treatment of fractures, dislocations, contusions and sprains

Obstetrics and Gynecology. The four lectures should include:

- 1 Anatomy and physiology of the pelvic organs; signs of pregnancy; normal labor, its physiology and management both in hospital and private practice
- 2 Special complications and emergencies in obstetric cases
- 3 Care of puerpera and new born infant
- 4 Diseases to which women are liable; nursing, including laparotomy cases

Children's diseases and Contagious nursing. The four lectures should include:

- 1 Children's diseases: noncontagious class; symptoms and preventive treatment
- 2 Hydrotherapy; elimination of toxin; the exanthemata
- 3 Diphtheria and the infectious fevers; emergencies, complications and sequelae
- 4 Inoculable and specific diseases; tuberclosis; epidemic cerebro-spinal meningitis

TEXTBOOKS. The textbooks recommended for the course and reference works for the nurse training school library should include:

PRACTICAL NURSING

ROBB. *Principles and Practice of Nursing*. E. Koeckert, 702 Rose Bldg, Cleveland, O. \$2.

WEEKS. *Text Book on Nursing*. Appleton & Co. 436 5th av. New York. \$1.75.

MATERIA MEDICA

DOCK. *Materia Medica*. G. P. Putnam's Sons, 27-29 W. 23d st. New York. \$1.50.

GROFF. *Materia Medica for Trained Nurses*. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.25.

DIETETICS

FARMER, FANNIE M. *Food and Cookery for the Sick and Convalescent*. Little, Brown & Co. Boston, Mass. \$1.50 net.

FRIEDENWALD & RUHRAH. *Dietetics for Nurses*. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$1.50 net.

PATTEE, ALIDA F. *Practical Dietetics with reference to Diet in Disease*. Alida F. Pattee, 52 W. 39th st. New York. \$1 net.

BOLAND. *Handbook of Invalid Cooking*. Century Co. 33 E. 17th st. New York. \$2.  
 CONN's *Bacteria, Yeasts and Moulds*. Ginn & Co. New York. \$1.

**THEORY AND ETHICS OF NURSING**

ROBB. *Nursing Ethics*. E. Koeckert, 702 Rose Bldg. Cleveland, O. \$1.50.  
 NIGHTINGALE. *Notes on Nursing*. Appleton & Co. 436 5th av. New York. 75c.

**MEDICINE**

STEVENS. *Practice of Medicine*. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$2.50 net.  
 HUGHES. *Practice of Medicine*. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$2.50.  
 WILLIAMS. *Essentials of Practice of Medicine*. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$1.75.  
 WILCOX. *Fever Nursing*. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.  
 OSLER. *Practice of Medicine*. Appleton & Co. 436 5th av. New York, sold on subscription. \$5.50.

**SURGERY—GYNECOLOGY**

ECCLES, W. MCADAM. *Elementary Anatomy and Surgery for Nurses*. E. R. Pelton, 19 E. 16th st. New York. \$1 net.  
 DAVIS. *Obstetric and Gynecologic Nursing*. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$1.75 net.  
 VOSWINKEL. *Surgical Nursing*. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.  
 DAVIS, G. G. *Principles and Practice of Bandaging*. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.50.

**OBSTETRICS**

COOKE. *A Nurse's Handbook of Obstetrics*. J. B. Lippincott, Washington sq. Philadelphia, Pa. \$2 net.  
 DE LEE. *Obstetrics for Nurses*. Saunders & Co. 925 Walnut st., Philadelphia, Pa. \$2.50 net.

**CHILDREN'S DISEASES**

WHEELER. "The Baby"—His Care and Training. Harper & Brothers, Franklin sq. New York. \$1 net.  
 ROTCH. *Pediatrics*. J. B. Lippincott, Washington sq. Philadelphia, Pa. \$6 net.  
 SACHS. *Nervous Diseases of Children*. William Wood & Co. 51 5th av. New York, \$4 net.  
 HOLT. *Care and Feeding of Children*. Appleton & Co. 436 5th av. New York. 75c net.  
 DAVIS, A. E. & DOUGLASS. *Eye, Ear, Nose and Throat*. F. A. Davis Co. 1914-16 Cherry st. Philadelphia, Pa. \$1.25.

**ANATOMY AND PHYSIOLOGY**

KIMBER. *Anatomy and Physiology for Nurses*. Macmillan Co. 64-66 5th av. New York, \$2.50.  
 GOULD's *Medical Dictionary*—30,000 words. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1 net.

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## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



THE DISEASES OF INFANCY AND CHILDHOOD. For the Use of Students and Practitioners of Medicine. By L. Emmett Holt, M. D., Sc. D., L. L. D., Professor of Diseases of Children in the College of Physicians and Surgeons (Columbia University), New York; Attending Physician to the Babies' and Foundling Hospitals, New York; Consulting Physician to the New York Infant Asylum, Lying-In-Hospital, Orthopedic, and Hospital for Ruptured and Crippled. D. Appleton Company, New York and London. Price \$6.00.

The third revised edition of Dr. Holt's book appears with many alterations, notwithstanding the short time since the second revised edition appeared, less than three years.

Not often has a book of this kind made such a record, having passed its fiftieth thousand. The changes in this edition while they do not touch upon the subject matter particularly important to nurse students, cannot fail to make the new edition interesting, giving it in some degree the claims of a new book. The didactic, preceptive and instructive features of our old friend remain untouched. A veritable sheet anchor in times of doubt,—none of the latitude that is useless to guide. If it be only the temperature of the ordinary living-room it is given at one certain degree—no variation for personal preference so much as mentioned, the inference being that there is just one degree right. The same admirable exactness is shown in suggestions for treatment under varying circumstances. If the order be a mustard-pack, there follows the rule—the exact quantities of water and mustard, the temperature of the water, the manner of applying the pack, the number of minutes the application is to remain, and so it goes, the careful teacher visible on every page. These are some of the reasons why Dr. Holt's book has been so popular with nurses, who make a large and appreciative class of his readers.

**OPERATIVE SURGERY.** By Joseph D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College; Visiting Surgeon to Bellevue and St. Vincent's Hospitals; Consulting Surgeon to the Hospital for Ruptured and Crippled, Woman's Hospital, and Manhattan State Hospital for the Insane; former Surgeon-General of N. G. N. Y.; Fellow of the American Surgical Association; Member of the International Society of Surgeons, and American Medical Association, former President New York Medical Association, and of the New York Academy of Medicine; President of the New York State Medical Society, Appleton and Company, New York and London.

One of the most marvellous features of life in America and more particularly in New York is shown in the continual need of reconstruction and readjustment of what seems to be permanent and lasting work. Nothing stands still, and those who purpose keeping abreast with the times must be up and doing. The entire revision of such a monumental piece of work as Bryant's Operative Surgery forces one to realize the impossibility of ever seeing the completion of any great task; getting to the end in most instances means turning back to the beginning. This fourth edition contains enough new matter to make a decent-sized volume in itself, and it also shows over two hundred illustrations that are new.

**HANDBOOK FOR ATTENDANTS ON THE INSANE.** Pub. Baillière Tindall & Cox, London, W. T. Keener, Chicago.

The fourth edition of this little book, which is published under the authority of the Medico-Psychological Association of Great Britain and Ireland, comes to us through the kindness of Messrs. Keener, of Chicago. Although it seems to be a most popular manual in its own country, having reached its twenty-fifth thousand, it will hardly take root on being transplanted to this soil. To the American mind there is a vast and unaccountable hiatus between the source of its being and the book, so slender of caliber, so petty in detail. Granting that it be, as seems probable, the work of a veteran attendant, why does it appear under the imposing seal of the Medico-Psychological Association? Our brains refuse to comprehend the idea of this august body making poultices (very poor ones they make by the way), or cleaning the filthy head of a poor neglected patient. It is but a poor little affair of a book, even counting all its better features, and one

closes it, irresistibly reminded of the old proverb about the mountain being in labor and bringing forth a mouse.

LECTURES UPON THE NURSING OF INFECTIOUS DISEASES. By F. I. Woollacott, M. A., M. D., B. Ch. Oxon., D. P. H., Pub. Scientific Press Ltd., London.

This little book, another contribution from the "Old Country," will be found very agreeable reading, though not presenting any new features in the nursing of infectious diseases. It is strictly a book for nurses and may safely be left in the hands of the most youthful probationer. The author explains in the preface that he has been mindful of the temptations of the average nurse: "The question of treatment has presented some difficulties, as books intended for nurses are sometimes condemned for dealing with matters which strictly belong to the province of the medical man. While fully admitting, however, that it is not the duty of the nurse to originate treatment, it must be a matter of general experience that it is sometimes very convenient when she is sufficiently well-informed to anticipate and prepare for the instructions that are likely to be given her.



## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



### AN OUT-PATIENT AT THE INTERNATIONAL HOSPITAL AT NAPLES

Truly a boon for the sick traveller is such an institution as the International Hospital in Naples. Serious illness in an hotel is a costly affair, and even when money smooths the way, both uncomfortable and trying in many particulars, whilst as all wanderers on the Continent of Europe know to die in an hotel is expensive and inconvenient to the last degree. I remember an invalid, poor as regards worldly goods, telling me that for one cupful of beef-tea he paid two shillings in an hotel in Egypt. And an American woman who was taken ill at Shepheard's Hotel, Cairo, said that not only had she to pay a full price for board and lodging, but also, when unable to take any solid food, she was charged extra for all invalid nourishment. "In fact," she remarked, "I think that every time I rang the bell it was an item in my bill."

Take the case of a patient who sickens for typhoid fever on board train or steamer, on arrival at Naples he can be carried from the platform or the landing stage straight to the hospital. The Ospedale Internazionale, as its name indicates, is intended for all nationalities, but is chiefly used by English and Americans, as the Germans have their own hospital in Naples. There are three rates of payment for the patients, the ascending scale being six, ten and sixteen lire or francs per day, doctor and nurse included.

The villa, which is charmingly situated on the Via Tasso, far removed from the noise of one of the noisiest cities in the world, has a good-sized garden and terraces overlooking the Bay. The rooms, for I will not call them wards, are prettily and suitably furnished and, for the most part, open on to the terraces, which form ideal lounges for convalescent patients, commanding as they do a glorious view of the far-famed Bay of Naples.

There is a resident doctor, a matron, and three or four nurses. A nursing home better describes this little hospital, which has a de-

cidedly "homey" feeling in its atmosphere. My visit within these walls was not in the character of an inspector or even of a journalist. No, I was that nondescript creature, an out-patient; for, after consulting the doctor, his advice was that I should undergo a very slight operation which would not necessitate a residence, even of a day, in the hospital. The trouble was a cyst in the left eyelid, and the little affair was not exactly easy, for the lump was right in the corner of the eyelid; but, as the doctor had promised, I was able to walk away from the hospital about an hour afterwards. The operating room—one can hardly call it a theatre—is very small, though probably large enough for the requirements of the house. The doctor has a good-sized and comfortably-furnished consulting-room, with some pretty water-colour drawings and prints hanging on the walls. One charming little sketch, taken on the island of Capri by a Swedish artist, caught my fancy. Indeed, there were plenty of opportunities for examining the pictures and books in that room in my capacity of out-patient.

So well is the hospital thought of by those who know it best that many members of the English colony go in as patients when they are ill. Indeed, quite recently I was playing bridge with an English resident in Naples who was a patient in the hospital, and was ordered not to talk but allowed to play games. The doctor came in while we were playing. He does not know the game, but one of our party suggested that it was his duty to learn in order that he might take a hand when required.

Doctor and matron are German, but they speak and understand English very well. One of the nurses is a Swede, but at least one of the others is English. The hospital is managed—and very well managed—I am told, by a committee of the foreign residents.

One other point I wish to mention with regard to the establishment of International or English and American Hospitals or Nursing Homes, for sick travellers in foreign cities. I approach the subject gingerly, for it is an ungrateful one, yet still, I think, worthy of note. In most of the large Continental towns English doctors are established, and, as the majority of English and American tourists do not speak or understand any foreign language well, for this reason only, apart from any other, they prefer to send for an English doctor when ill. His usual fee in Switzerland or Italy is twenty francs or lire a visit, whereas most Swiss and Italian general medical practitioners charge five lire a visit. If these English doctors were on a higher platform of medical knowledge and skill than their foreign brethren, this would be all very well, but it cannot be said that such

is usually the case. It is argued that an English doctor understands an English constitution better than the foreigner can. But it is just as easy to argue that a Swiss doctor, for instance, understands the effect of Swiss climatic conditions on an English patient better than a stranger (English) can.

In conclusion, I would observe that "lookers on see most of the game," and I do not believe that I have stated the case in favour of International Hospitals for sick travellers, on the lines of the one already in existence at Naples, too strongly. Also it should be borne in mind that the English-speaking races constitute the majority of these travellers.

RAY MERTON, In the *British Journal of Nursing*.

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The *British Journal of Nursing* of March 3, 1906, says: "It is with much pleasure we announce that the Council of Queen Victoria's Jubilee Institute for Nurses has decided that the qualifications as to hospital training for Queen's nurses shall be raised from two to three years at approved hospitals or infirmaries, to include at least two years in a general hospital or infirmary. When the Institute was founded in 1887 the minimum qualification was one year's training, which was later raised to two, and while many Queens' nurses have held three years' certificates, the now obsolete two years' standard has been that officially sanctioned. It will be possible under the present regulation for one year of the nurse's training to be spent in special hospitals where she can obtain experience in maternity, gynaecological, or infectious work, and knowledge of these branches is specially desirable in a district nurse, whose work brings her in contact with so great a variety of cases."

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Mr. Sidney Holland, who is really so good and kind that he cannot help being a little bit grandmotherly, gives the nurses of the London Hospital talks which are unapproached by those of any other hospital mentor. To be sure one cannot deny the sound sense at the bottom of his remarks, but they do sound quaint. Here are some of his pearls of advice:

On Hairdressing: "There is a tendency," he says, "since fringes have become unfashionable for nurses to do their hair in rather too elaborate a way. It is an absolute fact, believe me or not as you like, that there is no good nurse who overdresses her hair, and there is no

bad nurse who does *not* overdress her hair. When he sees a nurse with her hair done like a barmaid he knows for an absolute certainty that she is not a good nurse.

How to Wear the Cap: "It does not look very nice to see a cap put right at the back of the head, and we must all wear our uniform in the proper way," so outside the sitting-room he has had a large looking-glass placed. That is called "the cap straightener," and in it all nurses may see whether their caps are straight, or whether they are too far back.

Slang in Reports: B. I. D. for "Brought in Dead" and "Dotty" are, he considers, permissible expressions, but he draws the line at "fitting" and "hæmorrhaging." Only such terms, he says, should be used as outside doctors will understand. We would say that on a point of such odiously bad taste he might have been much more severe.

The Probationer's Failings: Probationer Slap-dash has, we are told, improved somewhat as to breakages, but she still rushes at her work and puts a thing down here, down there, without any thought at all. "The other day at dinner-time there was a patient who could only get relief from his suffering by lying on his face. She got his dinner, plumped it down in the middle of his back, and ran away again—perfectly willing—no harm in her, but nobody wants their dinner put in the middle of their back." Could the good man have made this up?

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The Australasian Trained Nurses Association has completed, and instituted, its central examinations, which will hereafter be passed before membership is conferred. The nurses naturally feel rejoiced over this consummation of their long work in organization, and their "Journal" now looks forward hopefully to a Federal Nursing Council to unite the Australasian and the Victorian associations.

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Bromley, in Kent, has a hospital called the Lady Margaret Fruitarian Hospital. No meat diet is ordered, though it may be provided if the Medical Staff consider it necessary. It is considered that both medical and surgical cases do better on the fruitarian (vegetarian?) diet. All the work of the hospital is done by the nurses, who are instructed in the preparation of "fruitarian cooking."

The recent appearance of a woman in nursing uniform in the police court of Auckland, New Zealand, on the charge of theft, was followed by a statement in the public press from Mrs. Grace Neill, the assistant registrar of nurses, showing that the woman was not a registered nurse.

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H. H. the Sultan of Zanzibar has shown his appreciation of the services of Miss Brewerton, matron of the Hospital of the Universities Mission, during the plague by presenting the hospital with a horse and carriage.

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An official document issued from the offices of the Apostolic Visitations gives the Pope's approval to the work of providing a home in Rome in which only English-speaking patients will be received. It will be conducted by a community of nuns known as the Little Company of Mary, who are also British.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



DEATH FROM THIRST.—The *Journal of the American Medical Association* says: "Dr. W. J. McGee, director of the St. Louis Public Museum, formerly chief of anthropology of the Louisiana Purchase Exhibition, discussed this subject before the St. Louis Medical Society. He has recently made observations in the arid regions of Arizona, and he reported the case of a Mexican who was lost in the desert without drink for eight days. He traveled 108 miles in a stuporous condition and, half dead, finally stumbled into Dr. McGee's camp, where he was revived after great difficulty. Dr. McGee called attention to thirst as a disease, treating of physiologic thirst, thirst beyond physiologic limits, and thirst *in extremis*. The last might be called living death; death of the tissues takes place from below upward, owing to the impoverished state of the blood and to want of circulation. The victim's toes drop off and breaks in the skin do not bleed because of the non-fluid state of the blood."

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IMPROVED CATHETER TO PREVENT CYSTITIS.—The *Journal of the American Medical Association* quoting from a German contemporary says: "Gersuny ascribes to mechanical injury of the bladder-wall a certain proportion of the cases of cystitis that develop after repeated catheterization. In order to prevent this he uses a short curved glass catheter with a projecting shoulder, which prevents its entering beyond a safe distance. In 35 cases in which this catheter was used after operation, cystitis developed in only one instance, although slight urethritis was observed in 4 cases. The patient with cystitis had required catheterization thirteen times and the others four or five."

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MESSAGE OF THE STOMACH IN FLATULENT DYSPEPSIA.—This procedure is commended in the *Lancet* by H. Stratham, who records the case of a man in whom the attacks of flatulence came on with-

out apparent cause, often lasted several hours, and produced severe prostration. All drugs were without effect. Finally vigorous kneading movements of the stomach were made and sounds could be elicited suggesting the passage of gas from the stomach into the duodenum. Later the gas was passed per anum. The explanation of the relief afforded is that the stomach was paralyzed by its extreme distention which was relieved by the kneading movements.

**Ivy POISONING.**—E. S. McKee in the *Therapeutic Record* says he has found that considerable relief is afforded in this condition by the use of lead and opium wash, but more prolonged comfort is obtained by dusting the whole body with rice powder. Comfort may also be secured by the application of a thick lather of laundry soap. For stopping the burning and itching and checking the spread of the disease, a useful mixture is compounded as follows: alcohol, 53., distilled water, 47., lead acetate, enough to make a saturated solution. For the nervous symptoms, thirty-grain doses of bromide of sodium with two drops of Fowler's solution to each dose may be given four to six times a day. To protect the desquamated areas and aid the growth of new skin applications of olive oil and lanolin, saturated solutions of iodide of potassium, tartar emetic, and sodium bicarbonate weak carbolic acid solutions, and thymol iodide in powder or ointment, are all useful. When one has been exposed to the poison it is advisable to wash the parts several times with dilute alcohol.

**OLDEST ARTIFICIAL LEG.**—What is said by the *British Medical Journal* to be the oldest artificial leg in existence is now in the museum of the Royal College of Surgeons of England. It was found in a tomb at Capua, and is described in the catalog as follows: "Roman artificial leg; the artificial limb accurately represents the form of the leg; it is made with pieces of thin bronze, fastened by bronzed nails to a wooden core. Two iron bars, having holes at their free ends, are attached to the upper extremity of the bronze; a quadrilateral piece of iron, found near the position of the foot, is thought to have given strength to it. There is no trace of the foot and the wooden core had nearly crumbled away. That skeleton had its waist surrounded by a belt of sheet bronze edged with small rivets, probably used to fasten a leather lining. Three painted vases (red figures on a black ground) lay at the feet of the skeleton. The vases belong to a rather advanced period in the decline of art (about 300 years B. C.)."

**DIET IN TYPHOID.**—Dr. Thomas A. Clayton, in the *Medical Record*, advocates a more liberal diet in typhoid fever. He says all food which is properly prepared and digested reaches the ileum, the most common seat of greatest inflammation, in a more or less fluid form. It should be free from strings and stones and skin and bones. We have twice as much to fear from the inability of the patient to withstand the severity of the infection as we have from the intestinal lesions, therefore the strength should be supported by proper food, the patient being kept in the best possible condition to withstand the ravages of disease. Milk and broths are given until the more acute symptoms subside. As soon as the patient is hungry a soft-boiled or poached egg is allowed, then jelly or blanc mange, custard, soft-toast, the carefully selected soft part of baked apple, and rice which has been boiled for four hours. At last scraped beef, or scraped chop, very finely divided chicken and baked potato, the latter only when digestion seems especially good. This diet is not advocated for indiscriminate use, but is advised for careful trial. Milk alone often causes tympanitis, leaves a large residue after digestion, and is more apt to cause impaction than any other food. Hunger should not be permitted to cause discomfort.

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**FORMALDEHYDE DISINFECTION.**—The *Medical Record* says: "The Illinois State Board of Health has been conducting a series of experiments in its laboratory in formaldehyde disinfection, and as a result the board now feels justified in recommending formaldehyde for use in disinfection after contagious diseases, if employed with potassium permanganate, and with 40 per cent. aqueous solution of formaldehyde. It believes that in properly sealed rooms positive and reliable disinfection can be secured by the use of three and one-half ounces of potassium permanganate and one pint of formaldehyde solution to each 1,000 cubic feet of air space."

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**FISH MEAT.**—The *New York Medical Journal* in a synopsis of an article in *Zentralblatt Fuer Innere Medizin* says: "Rosenfeld concludes from his studies that the meat of fish makes as much muscular work possible as beef. It contains a greater percentage of proteids than beef and causes as long a feeling of satisfaction as the latter. It causes as much or less, but not more, urea as half. It is, therefore, to be recommended as a food, as well as beef, to peasants, athletes, and persons in the army and navy."

## LETTERS TO THE EDITOR

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*[The Editor is not responsible for opinions expressed in this department.]*

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DEAR EDITOR: As a nurse of many years' standing I should like to answer an inquiry which appeared in your March JOURNAL, namely, What was to be done about washing baby's flannels and diapers? I notice at the close of the letter it was supposed that nurses must have settled these questions for themselves,—which no doubt we did or rather had to do in the earlier days of private nursing. For then we had nothing but our own common sense to guide us in such matters. Before the outbreak of the Spanish-American War in 1898 I had been engaged in private nursing in St. Paul for over ten years. A good deal of this nursing was obstetric work, but such small details as diapers and flannels never troubled me, nor do I think there can be any rules laid down which may be followed absolutely in all cases.

In a house where one or two nursery maids are employed one of these may safely be expected to take charge of both flannels and diapers, but where there are no such servants, the mother of the baby, as soon as she is able to do so, usually looks after these things herself,—for I am pretty sure she never thinks of calling the cook or the general housemaid to leave her work and come and do what after all is such a simple thing, and though she may perhaps not wash the flannels, she at least rinses out the diapers before sending them to the laundry on the regular wash day. In these days of modern bathrooms with hot and cold water it is a simple matter to wash out the shirt and rinse out the diapers; larger things of course are sent down to the laundry. A trained nurse is expected to look after many details besides personally caring for the mother and child. The household affairs must have supervision, especially if there is no one to act except the servants; and so I think she should also be expected to look after baby's things if *necessary*. Such things certainly are no worse nor as bad as many other things which are apt to come up for her to do. However, if either mother or child needs the nurse's whole care and thought, then no one can blame her for letting other things go. It always seems absurd to me to have questions come up as to such

simple every-day affairs—what shall we do, or not do—for these are questions which every thoroughly trained nurse settles for herself. In many homes I have not only rinsed out diapers but also cooked the family Sunday dinner, and in other homes I have practically nothing to do except the most scientific part of the nursing for the mother and to give the baby its morning bath, but I am pretty sure I was looked up to and respected in the former homes as much as in the last mentioned.

Obstetrical nursing in private homes is and always will be very different from either medical or surgical nursing, for here the mother and head of the house is unable to look after things for herself; therefore the nurse really takes her place in the household, so I am sure no fixed rule can be laid down to suit each individual case. As for taking the baby out in the baby-carriage, I should say that when the baby is ready to be taken out for a daily ride in a carriage it is about time for the nurse to exchange her case for another, unless she has consented to stay on for a long time, and if so she will certainly have to make rules for herself, as graduate nurses do not usually care to remain when there is no actual nursing to be done.

We very often hear servants say that such and such work does not belong to them. We as a body of educated women and graduate nurses should be above any such saying. We do not lower our standard but rather raise it by not hesitating to do a few extra things that often help to bring on our patients speedy recovery. Those two noble women Florence Nightingale and Clara Barton never stopped, I am sure, to consider if it was proper to do one thing or another for their patients if they thought that by doing some certain thing they might make them more comfortable. So why should we? Time and again I have seen some of our busy physicians perform many little acts for their patients which they were never paid for or expected to do, and the medical men as well as others will only trust and respect us the more for doing what we can, when there is need for it.

One more question: Is the nurse expected to wear her uniform on the street if she takes the baby out? In my training-school I was taught that it was entirely against all surgical cleanliness, in the first place, to do so, and that no nurse unless she did district nursing should never wear a uniform on the street; besides this, it was not considered good taste to publish our identity on the street. About which I am very sure all nurses will agree with me.

I. E.,  
St. Paul, Minn.

DEAR EDITOR: The Over-trained Nurse was the subject of an amusing and somewhat instructive evening's entertainment given given at the Academy of Medicine, New York, March twenty-ninth. The audience was composed of equal parts of trained nurses and doctors, but the speakers were all doctors, except Miss Samuel, superintendent of Roosevelt Hospital Training School, who was allowed in a paper to define and defend the present methods of training.

One doctor said that trained nurses were deserving poor women who had given up two years to be trained for a work which none could pursue more than ten years, and ridiculed the idea of their now being required to give three, or as in one school in Boston, four years to the training. He said that they could imbibe but little knowledge after twelve hours of mechanical labor, and that legislation for nurses interferes with the independence of hospitals, and will prove but a boomerang for the nurses who have thus formed a trust or trade-union to the exclusion of humbler attendants.

I can only speak for myself, John, but I'm one of those "deserving poor women" who chose for my life-work that of nursing, and after giving two years to the training, (which I had expected would be a sort of college training for a practical life) I have pursued it uninterruptedly for twenty years, continuing to study many things needed in my work, which could not be crowded into those two busy years. It was no mechanical labor, but a calling that stirred heart and mind, and created an enormous appetite for more knowledge of the reasons for and the methods of doing best, the work that my hands found to do.

As for legislation for nurses interfering with the independence of hospitals, I am not yet convinced of the independence of hospitals or their ability to be self-governing. Certainly they are not financially independent, and comparatively few can furnish training worth the time required, and are merely deceiving the public and their pupils by pretending to *fully* train nurses. They are at liberty to continue to do the work which they can really do well, and many doctors and patients will prefer for special cases these specially trained nurses. These nurses are only excluded from pretending to "know it *all*," which will hereafter be the exclusive privilege of those duly numbered and registered nurses who are willing to be "over-trained." If the doctors sneer at registration as a trust, why are they so anxious to control it themselves?

They said that trained nurses should not be self-governing, but

controlled as one department of hospital management. (Are there enough such heads to man the hospitals and undertake the management of this class of women, who have been so admirably self-governing?)

One doctor spoke of the progress of "the petted trained nurse," for whom we now supply palatial homes instead of the uninviting rooms off the wards, and the simple sick-nurse has become in a quarter of a century, the professional nurse of whom the R. N.'s are the fortunate ones excluding all others. Did women ever obtain anything worth having without having opposition from men? Unlike others, nurses have been "united as one man" in quiet persistence in their highest aims, which were unselfish, and for the good of all, that each may be what she seems to be.

It was said that a good nurse was apt to be a poor ward-keeper and that a deterioration in ward-work has accompanied her progress, but I think that her care of the *patient* instead of the *bed* makes her a better nurse than the one whose bed-clothes were so tightly strapped as to cause talepes, though her ward was perhaps less "trim."

There were strong arguments against teaching nurses as much as some doctors know, but can she to whom the care of the human body is intrusted, know too much of its construction and functions? or an engineer too much of his engine?

One doctor wanted permanent head-nurses and a closer relationship between staff and school. It was fun to see the backs of the superintendents and their assistants straighten, and the doctors shrug or shake their shoulders at some of the suggestions. Examination questions were ridiculed because deep and searching and ended with "give treatment," but all doctors and nurses know that woe betides the nurse who presumes to even suggest giving treatment, lest she be given "absent treatment." Can it hurt her to know these latest fashions while she is laboriously trained to consider it the unpardonable sin of her profession?

They said she had displaced men and triumphed as a nurse but not as an M. D. Thanks! Most of us would rather be good nurses than poor doctors, and know at least enough to keep to the field in which we can excel.

The final consenus of opinion seemed to be that "the system, despite its short-comings, has been of great benefit ever since it was established," and that the *selection* of the nurse was of more importance than her training. One said that she must have tact, judgment and fine personal character, for he valued her most for her ability

to manage her environment, but felt that, like doctors and other professional dealers in misfortune, she would always be "a tolerated nuisance." Another hoped that out of the thousand applicants in each large school, the twenty-five who graduated would be tender, but not too sympathetic, well-balanced women, with common sense, unity, liberality, and charity. All seemed to feel that if *What is best for the patient?* be kept ever first in the minds of both doctor and nurse, they will work harmoniously together for their common cause and the greatest good for all humanity.

GRACE FORMAN,

An R. N. but not an Over-trained Nurse.

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DEAR EDITOR: As a graduate of eight years' experience in private nursing, fully half of which has been obstetrical, I thought I would answer the questions "Yearling" asks in her letter to you in the March JOURNAL.

When my patient employs a house laundress I do not wash the diapers, but when, as is usually the case with my patients, there is only a cook and housemaid, and laundress once a week, with the extra work that illness always makes in a household, I never feel that I can ask to have the diapers washed more than once besides on the regular washing-day. So the soiled ones are washed twice a week and I wash out the wet ones every second day. Where there is only one maid, and it has been necessary, I have washed the diapers myself, except on the regular washing-day.

I wash shirts, bands and stockings myself, because the supply of first flannels is usually limited and cannot be spared to be sent to the laundry. The flannel skirts which have to be ironed I do not wash, except in an emergency.

I do not know whether it is good form to wheel a baby-carriage on the street, but when I have been with a patient more than four weeks I have always wheeled the baby out, and often in my uniform. I am a graduate of St. Luke's Hospital, Chicago, whose nurses wear an out-door uniform.

This is my own way of doing these things, as I have never discussed the subject with other nurses. I think it would be found that the custom in any city would vary as much as the nurses themselves. It seems to me that to make a success of private nursing, obstetrical or other cases, one must adapt oneself to circumstances and individual cases.

A. A. A.

DEAR EDITOR: In the face of the awful calamity which has befallen San Francisco and its sister cities the censure and fault-finding heaped upon the Army Department and its Nurse Corps sinks into insignificance and by comparison with the present needs of the stricken districts impresses one as cruel and utterly selfish. *Now* is the time when the volunteer nurse service is needed and is it adequate to supply the demand? When we *want* to help do we stop to think about what is owing us? No, thank God, never! If the nurses of this country would spend more time thinking about what they owe and then follow up the result of such thinking with action, there would soon appear such a lofty tone to the profession and its interests as would leave no doubt in the minds of the public and Army Department as to what its duties were, for rest assured the nursing profession will *never* get its due until it goes about it in this way. Cannot we learn the lesson of helping? For this is of the "love which never faileth."

AN R. N.



## OFFICIAL REPORTS

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[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### THE ASSOCIATED ALUMNÆ MEETING AT DETROIT

THE ninth annual convention of the Nurses' Associated Alumnae of the United States will be held in Detroit, Michigan, on Tuesday, Wednesday, and Thursday June 5, 6 and 7, 1906.

Headquarters of the convention will be The Young Women's Christian Association Building, corner of Washington Avenue and Clifford Street. Luncheon will be served there daily for 35 cents, providing notification is given the day previous.

At half-past-eight on Tuesday morning, the delegates will present their credential cards.

"Affiliated Associations with large membership may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

"Permanent members shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting, and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations, and after attending three consecutive meetings they shall be entitled to vote, and shall be eligible for re-election as officers or delegates at any time.

"All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization."

To obviate the contingency of dues not reaching the delegate, especially in the cases of the delegate residing in a city other than that in which her alma mater is located, it would be well to send checks on to the treasurer in advance of the day of meeting.

"Any nursing organization which shall neglect to pay its annual dues, (ten cents per capita, checks to be made payable to Anna Davids, treasurer) for any year shall not be entitled to send delegates to the annual meeting of this association of that year.

"Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association."

The chairman of the committee of arrangements, Mrs. L. E. Greter, of the Harper Hospital, Detroit, Michigan, submits addresses of hotels and will be glad to give any additional information needed by delegates, as will the secretary.

#### HOTEL RATES

Hotel Cadillac.—American plan, \$3.00 per day without bath; \$3.50 and \$4.00 with bath. European plan, \$2.00 to \$6.00 per day.

**The Wayne Hotel.**—American plan, \$2.50 and \$3.00 without bath; \$3.50 and \$4.00 with bath. European plan, \$1.00, \$1.50 and \$2.00 without bath; \$2.50 and \$3.00 with bath.

**Griswold House.**—American plan, \$2.00 and \$2.50 without bath; \$3.00 and \$3.50 with bath. European plan, \$1.00 and \$1.50 without bath; \$2.00 with bath.

**Hotel Normandie.**—American plan, \$2.50 and upwards; European plan, \$1.00 and upwards.

**Hotel Ste. Claire.**—American plan (only), \$2.50 without bath, \$3.50 with bath.

#### COMMITTEE ON ARRANGEMENTS

Mrs. L. E. Gretter, chairman, Harper Hospital, Detroit, Mich.; Mrs. Alice L. Chambers, Miss Martha Aylesworth, Miss Melissa Collins, Miss Frances Drake, Miss Lulu H. Durkee, Miss Minnie Healey.

NELLIE M. CASEY, Secretary,  
814 South Tenth Street, Philadelphia, Pa.

#### RAILROAD RATES—DETROIT CONVENTION

##### INSTRUCTIONS

The reduced rate will be in effect from Friday, June 1st, to Monday, June 11th. As the round trip rate is one fare and one third, there can be, generally speaking, no extension of time limit on the tickets. Members traveling from localities more than three days journey from Detroit, will be able to procure tickets before June 1st, but should apply to the agents some days before tickets are to be used. This is advisable too, in small or remote districts as certificates are not kept at all stations, and it may be necessary to purchase a local ticket to some station where the through ticket and the certificate may be obtained.

##### THE GOING JOURNEY

Ask for a through ticket, one way, with a certificate; do not make the mistake of asking for a receipt. If obliged to purchase tickets over several roads, members should procure a certificate with each ticket. As the ticket for the going Journey will be an "unlimited," stop overs may be made but none will be allowed on the return ticket except where changes of trains occur and at those points, probably one day may be allowed. The certificates should be presented to the chairman of Committee on Transportation on Wednesday, June 6th, and called for on the evening of that day. A fee of 25 cents is charged by the Michigan passenger associations' agent for each certificate signed by him.

##### THE RETURN JOURNEY

The certificates having been vised and signed, should be presented at the ticket office in Detroit at least one hour before the departure of the train, especially if there should be many leaving by the same train, as it takes some time to honor certificates and give out the return tickets. The Detroit and Buffalo Steamboat Co., will accept tickets reading via Michigan Central, Wabash or Grand Trunk Railways in either direction on the fare and one-third certificate plan? Fare one way is \$3.50, berth \$1.00 and \$1.25, state room accommodating three people \$2.50. Steamers leave Buffalo at 5.30 p. m. daily—arrive in Detroit at 7.30 a. m. Dinner and breakfast may be obtained on boat if desired. For the benefit of those in New York and vicinity, the following estimate is given and while the Hudson River and West Shore will grant same rate, the Lehigh Valley is quoted because of its scenic

beauty. New York to Detroit fare one way \$13.75, round trip \$18.35. The June schedule will have trains leaving 7.50 and 10.00 a. m., 12 m., 5.40 and 8 p. m. Should there be a sufficient number to warrant it, a special Pullman sleeping car will be provided. Members might purchase going tickets reading Lehigh Valley, West Shore or Hudson River as far as Buffalo, there take the Detroit and Buffalo Steamer, single fare to Buffalo not including Pullman is about \$9.25.

Further information or estimates will be sent any member on application.

MARY E. THORNTON,  
201 W. 100 St.

#### AN INVITATION

THE nurses of Michigan extend a cordial invitation to all graduate nurses to attend the ninth annual convention, of the Nurses' Associated Alumnae of the United States, which is to be held in Detroit, Michigan, June 5, 6, and 7, 1906.

The program is of unusual interest, and the meetings have always been an inspiration to those who have attended them.

It is hoped that the attendance may be the largest in the history of the organization. The cause of state registration in Michigan would be greatly helped, by the show of enthusiasm on the part of graduate nurses.

Information as to railroad rates, hotels, etc., may be obtained from the chairman of the arrangements committee, Mrs. L. E. Gretter, Harper Hospital, Detroit, Michigan.

ROSE SMITH,  
Secretary Wayne County Graduate Nurses' Association.

#### STATE MEETINGS

PENNSYLVANIA.—The Graduate Nurses Association of the State of Pennsylvania met at Altoona on April 18th and 19th. The first meeting at 2.30 p. m. was held in the Opera House. Owing to the illness of the president, Miss Whitaker, the first vice president, Miss Weir, of the South Side Hospital, Pittsburgh, presided.

#### PROGRAMME

Meeting called to order—Miss Weir; Prayer—Rev. H. H. Stiles, Altoona; Address of Welcome—Hon. S. H. Walker, Altoona; Music—Mr. H. J. Taylor, Altoona; Address—Rev. Father M. M. Sheedy, Altoona; Music, Miss Lafferty; "Why should Nurses join their Alumnae," Miss Giles, Pittsburgh; Address to Nurses, Dr. F. H. Bloomhart, Altoona; Address, "Legislation," Hon. J. Lee Plummer, Hollidaysburg; Address, Dr. W. S. Ross, Altoona; Music, Miss Lafferty; "The A. B. C. of Registration," read by Miss Greaney, Philadelphia.

At the end of the programme Miss Weir in a graceful little speech thanked the speakers of the day, those who had rendered musical numbers, and others who had welcomed us to the Mountain City. She then read an invitation to a reception to be given on Wednesday evening at the new and beautiful nurses' home—also to a tea to be given on Thursday afternoon. These entertainments were given by the Board of Managers and Women's Auxiliary of the Hospital.

The executive sessions were held on Thursday. The second meeting opened at 10.30 a. m. and were entirely taken up with the reading of reports and the admission of 75 applicants to membership.

The third and final session opened at 2:30 p. m. The two most interesting topics under discussion were on the editorial in the April number of *The American Journal of Nursing* on "Skilled Nursing Ca refor the Great Middle Class." Each member present was made a committee of one to agitate the subject in their own neighborhood. The second topic was the menacing aspect of the short course and correspondence schools of nursing.

The annual meeting of the Association will be held at Philadelphia, Pa., on October 17, 18 and 19.

MAUDE W. MILLER,  
Assistant Secretary.

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**INDIANA.**—The third Semi-Annual Convention of the Indiana State Nurses' Association was held in the Presbyterian Church, Lafayette, March 28 and 29. The convention was very largely attended and was the most successful from all points of view, ever held in Indiana. Lafayette extended a very warm welcome to the Association and manifested her hospitality right royally.

One of the most important topics under discussion was the advisability of establishing some distinguishing mark of the registered Nurse. It was thought that possibly a copyright might be secured on some material designed and manufactured for the Indiana State Nurses. As all Nurses must, of necessity, wear washable dresses, the registered Nurse could secure this material for her dresses—the style of the garment, aprons, caps, collars, cuffs, kerchiefs, etc., being left entirely to the option of the wearer. This discussion resulted in the passage of a resolution for the appointment of a Committee to report at a future session. The Committee having this in charge is Miss L. Weaver, Fort Wayne; Miss M. Sellar, Lafayette, Ind.; Miss Edna Humphrey, Crawfordsville, Ind.

Papers on the following subjects were read at different times during the convention:

"The Opportunity of the Nurse in Private Duty," by Miss Cora Birdsell, South Bend, Ind.; "State Registration," by Miss L. M. Cox, of Elizabethtown, Ind.; "The Pioneer Nurse," by Miss Minnie E. Moore, Lafayette, Ind.; "Ethical Nursing," by Miss D. Elva Mills, of the Presbyterian Hospital, Chicago, Ill.

These papers were very interesting and full of good points and brought forth some good wholesome discussion.

Miss Mary B. Sellars of the Home Hospital, Lafayette, Ind., was elected delegate to the National Convention at Detroit, Mich., in June.

The Board of Examiners presented a very interesting report. The fact that six hundred nurses had registered in Indiana came as a great surprise for very few people realized that there were that many trained nurses in the State. The registration fees have been ample to cover all expenses and have made it possible to support an Inspector of Training Schools.

Early in the State organization, it was thought advisable to adopt only such by-laws as were of immediate necessity, but feeling the time has now arrived when we realize what the Association working needs are, the By-law Committee presented a rough draft of proposed by-laws. These were discussed and many suggestions given to the Committee that they may present them ready for adoption at the Annual Convention which meets in Indianapolis during the State Fair week. One of the suggestions was that a new Committee be appointed, having for its object, "The Prevention of Tuberculosis."

A resolution was made that the Association request the Arrangement Committee of the National Alumnae Association to arrange for an hour, apart from the regular session of the Convention, for a State Conference that those, especially interested in State organization, may meet for mutual aid in effecting standard laws, etc., of the various States, thus obtaining a greater National uniformity.

M. F. GRANT, Secretary.

**MICHIGAN.**—The Michigan State Nurses Association, which held its second annual meeting in Sarah Caswell Angell Hall, Ann Arbor, April 4, 5 and 6, was very largely attended by members throughout the State. The president, Miss Sarah E. Sly, occupied the chair.

Rev. Carl S. Patton, of the First Congregational Church, Ann Arbor, delivered the invocation.

President Angell, of the University of Michigan, gave the address of welcome, in which he recalled the days of his boyhood when the idea of a trained nurse was unheard of, and in conclusion paid the following beautiful tribute to the nurses and their profession: "We often speak of the bravery of soldiers going into battle amidst the shouts of their comrades, and the blare of martial music, but the duty that is quietly performed by the trained nurse in her unpretentious manner is a bravery and a service nobler than that performed by the soldier."

The address of welcome was suitably responded to by Miss Nellie B. Hall, of Grand Rapids.

The afternoon of the first day was largely given up to reports of various committees, and an address by the president, Miss Sarah E. Sly, of Birmingham, who emphasized the necessity for state registration and earnestly solicited the hearty coöperation of every graduate nurse in securing the passage of the proposed bill which will be presented to the Legislature this coming winter.

Dr. Beverly Drake Harrison, of Detroit, secretary of the State Board of Medical Registration, gave an address on "State Registration for Nurses," and heartily endorsed the movement to secure the passage of such a law.

Miss Sophia F. Palmer, editor-in-chief of the *AMERICAN JOURNAL OF NURSING*, was an honored guest for two days and gave an earnest, impressive talk on "How to Pass the Bill."

Miss Palmer was the first woman in this country to put a working plan on paper for the registration of nurses, the outline of which has been the basis of the work since.

From a broad and intelligent standpoint Miss Palmer detailed the advantages other states and countries had derived from the passage of such an act, and the practical suggestions given regarding the bill and the means to secure its adoption will be invaluable to the association.

Needless to say, Miss Palmer's presence was an inspiration to all, and it was gratifying to know that she considered the proposed bill one of high standard.

Miss E. L. Parker and Miss J. M. Lennox, of Lansing, led in the discussion.

Mrs. Caroline Bartlett Crane, of Kalamazoo, another honored guest, gave an address on "A Neglected Field of Nursing. The County Almshouse," which met with a sympathetic cordial response and coöperation.

Discussion was led by Mrs. L. E. Gretter, of Detroit, and Miss A. M. Coleman, of Saginaw.

Dr. Victor C. Vaughan, of Ann Arbor, dean of the department of Medicine

and Surgery, gave a clear and concise talk on "Tuberculosis," and the best methods of prevention and cure.

Discussion was led by Mrs. L. J. Lupinski, of Grand Rapids, and Miss Violet Benner, of Saginaw.

Upon vote of the association, the time for the fulfillment of the pledge which was made at the last annual meeting of \$3 per member towards a fund for the endowment of a chair in Hospital Economics at Columbia University, has been extended one year or until the next annual meeting. This will enable Alumnae associations and others who have not contributed an opportunity to assist in raising the desired sum.

A communication is to be sent to the nearby states asking for their hearty cooperation with Michigan in the furtherance of this movement.

Mrs. L. E. Gretter, of Detroit, chairman of the arrangement committee of the Nurses Associated Alumnae, announced that the meeting would be held in Detroit June 5, 6 and 7. A very earnest appeal was made to secure not only a large attendance from Michigan, but from the middle and western states also, thereby bringing about, if possible, an overflow meeting.

Blue, white and yellow were adopted as the colors of the State Association and all members were requested to wear this badge at the meeting in Detroit.

It is hoped that other states will wear their national colors on this occasion.

The association will soon become affiliated with the General Federation of Women's Clubs.

Great credit is due the graduate nurses and citizens of Ann Arbor for the cordial hospitality extended to the members of the association and their honored guests.

The social functions included a "Faculty Recital," under the leadership of Prof. Stanley, given in Frieze Memorial Hall, complimentary to the nurses and their friends. Also a luncheon and reception in Barbour Gymnasium by the graduate nurses of Ann Arbor for the members of the association and their honored guests, Miss S. F. Palmer, Rochester, N. Y., and Mrs. Caroline Bartlett Crane, of Kalamazoo.

Miss Mary C. Haarer, Miss Fantine Pemberton, and Miss Bertha Knapp, graduate nurses of the University Hospital, gave a luncheon at Mack's tea room for the president and other officers. The guests of honor on this occasion were Miss S. F. Palmer, Rochester, N. Y., and Mrs. Emma Fox, of Detroit.

The election of officers resulted as follows: President, Miss Sarah E. Sly, Birmingham; 1st Vice-President, Mrs. L. E. Gretter, Detroit; 2nd Vice-President, Miss E. L. Parker, Lansing; Recording Secretary, Miss A. G. Deans, Detroit; Corresponding Secretary, Miss K. M. Gifford, Grand Rapids; Treasurer, Miss A. M. Coleman, Saginaw. Committees: Ways and Means, Miss J. M. Lennox, Lansing; Nominating, Miss L. J. Lupinski, Grand Rapids; Credentials, Miss I. M. Barrett, Grand Rapids; Printing, Miss L. B. Durkee, Detroit; Arrangements, Mrs. M. S. Foy, Battle Creek.

The meeting adjourned to meet in Battle Creek next spring.

Respectfully submitted.

K. M. GIFFORD, Corresponding Secretary.

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#### THE CONNECTICUT ASSOCIATION OF VISITING NURSES

THE visiting nurses of the state of Connecticut held their second meeting in New Britain, March 28. Those present at the meeting were Miss Wilkinson and Miss

Snow of Hartford, Miss Hills and Miss Flang of New Haven, Miss Beard and Miss Whitman of Waterbury, Miss Hill of New Britain, and Miss Payne of Derby and Ansonia.

The first business to come before the meeting was the selection of a name, which is to be "The Connecticut Association of Visiting Nurses." Miss Martha J. Wilkinson is the president of the association and Miss Mary Grace Hills of New Haven, secretary and treasurer. Two vice-presidents were elected, Miss Beard of Waterbury, first, and Miss Ball of Middletown, second. A committee was appointed to draft a constitution and by-laws. It was voted to hold the next regular meeting in Hartford. The meeting adjourned to meet at the call of the president.

The object of this association is to promote social intercourse among the visiting nurses, to benefit the members through an exchange of ideas and methods and to keep up the standard of the visiting nurses in the state of Connecticut.

After the business meeting, a public meeting was held at the residence of Mr. Charles Wetmore, who is president of the local association in New Britain. The Rev. Dr. Davis of New Britain gave an address of welcome.

Mrs. O. Vincent Coffin read a report of the work in Middletown. The Middletown association was the first to be formed in the state and began its work in the spring of 1900. Miss Rowe of Albany was the first nurse secured and held the position until recently. After about a year the calls were too numerous to be answered by one nurse and Miss Mary Grace Hills, of Rhode Island, now at the head of the work in New Haven, was added to the force. The money to start the work was raised by soliciting from house to house and the first year \$1000 was collected. The second year, \$1700. The members pay \$1 a year and the honorary members \$5. A fee is charged each patient varying from five to fifty cents according to circumstances, the amount to be decided by the nurse. Miss Hills resigned in 1903, and her place was ably filled by Miss Hill. A benefit of \$1000 has been received which is called "The Gaston T. Hubbard Benefit Fund." The number of calls made the first year was 3111. The second year twice that number and since then an average of 6000 or 7000 calls each year.

Miss Edith Beach followed with a short review of the work in Hartford. This association was first started under the auspices of the "Guild of St. Barnabas," but soon became a separate organization and last December was incorporated. The work was begun April 18, 1901, with Miss Martha J. Wilkinson in charge of it and she has held the position ever since. In those five years there have been but three days in which no calls have been made and this was on account of severe storms. The first year there were 1973 calls made in caring for 111 patients. The city is large and not divided into districts so a great deal of time is consumed in going from place to place. A supply closet, from which articles are loaned or given, was soon found to be a necessity. The work is supported by contributions. Miss Wilkinson engages the services of other nurses as required.

Mrs. Baldwin gave a few facts about Derby, Shelton and Ansonia. The first step was taken three years ago by the "Women's Club." From \$175 to \$200 was netted by a performance by John Drew at the theatre. This was immediately set aside for the benefit of the sick poor. Miss Cox, who had been connected with the New York settlement work, was engaged to take charge of a summer home. This was tried for three months as an experiment by the club and then a separate organization was formed. This consisted of men as well as women. Miss Hall, who had done settlement work in New York was engaged and Miss Payne of New York is

now supplying in her place very acceptably. Special nurses are sent to contagious cases and paid from the treasury. There is also an emergency roll. The first year a canvass was made from house to house and fifteen hundred dollars was raised; this last year a little less than that. The entire amount was given by five of the towns-people.

The Rev. Mr. Lewis of Waterbury, gave a most interesting talk about the work in that city. He said in part; "I have no speech prepared and no report to read. We have not had much of anything in Waterbury but nursing; no machinery of any sort. We are absolutely without organization. I mean just what I say. Three years ago in looking over the work I saw a great need. We knew nothing of any work anywhere except at the Henry Street settlement in New York under the management of Miss Wald, who is the head and foot and back-bone of all settlement work. I went to some friends of mine and said, "I want to try an experiment." I asked a dozen men to give \$100 each and they did. I then had \$1200 in the bank, and went to New York to find the best nurses I could find in the country. First of all I wanted consecrated women, women of culture and refinement, as they must go into houses of squalor and shame. Only this class of women can go into these houses. I went to New York and looked around the hospitals and finally secured the two best nurses to be found in the country.

The visiting nurse is under-paid. To offer a visiting nurse less than eight or nine hundred dollars a year is a shame. Pay a top-notch salary and expect top-notch work. And above all, do not patronize them. Do not say the nurses who *serve* you. We serve the nurses. If not, they are not the right sort. They are our superiors; of a higher order.

After a year it was no longer an experiment. In Waterbury, at least, the well-being of our city (not the being of our city, that is in the hands of the politicians but the well-being) is to a large extent in the hands of the nurses. We have now been at work for three years. We are not a model; conditions differ and the work cannot be done in the same way in different places. Our annual expense is about \$4000. We have a house in the center of the city under the supervision of a head nurse. In this is a dispensary where patients who are able come to be treated. In that dispensary we have instruments, bandages, sterilized dressings and everything necessary to work with. Mr. Lewis is the whole thing; the association, its president, vice-president, secretary and treasurer, committee and board of lady managers. We have a staff doctor who answers calls day or night. If the doctors do not like this work they are quacks and fakes. They do not want good work.

In six weeks we made 104 visits and 93 visits were received from patients able to walk. Advisory calls, 1; new calls, 7; sent to doctors 6. Each nurse gives to me a detailed report of each day's work, showing where she has spent every minute of the time from nine o'clock in the morning. The report is the *bete noire* of the nurses, but the men who give me their money want to know what becomes of it. Miss Wald makes a strong point of this. She insists on a detailed statement of what each nurse is doing all the time. I believe this work can be mismanaged but not killed. It may be hampered by too much machinery and too much direction, but it is bound to succeed. There are no rules in Waterbury. We have got to give the nurse some liberty of action. If you do not want her, put her out; but when you get the right one, keep her. Our nurses are given credit for having sense. They are given this house in the center of the city and they *work*. Give them work but do not kill them. Above all do not load them down with rules. Do not kill their

spirit. The more work they do the better they like it. We cannot show perhaps, as large a number of calls on our report as some cities, but the work is done and well done. If a nurse is called to a confinement case (and we take confinement cases) she may have to stay five or six hours in order to do the work to be done on these cases. This, of course, does not roll up a large list of visits.

In reference to the question of how to get the money. There is no trouble about that. People fall over themselves to give money provided the work is right. One corporation gave me \$100. One gentleman wrote me a letter and said: "I do not care what you do with the money as long as you give it to those nurses." Another said: "when you want money, let me know." One man sent one of the nurses around in his carriage on a rainy day. Everybody respects the nurse. The doctors respect her, whether they respect themselves or not. This work has come to stay.

I did not realize what this meeting was to be. It is most happy. It is christian. I asked the nurses to come up here to-day in uniform, with their bags, etc.; after the meeting they will be glad to show you the contents of these bags and explain anything you may want to know.

Miss Pruden, of New Haven, said that they began with one donation of \$1000. The churches all helped. It was the idea to raise \$25,000 as a working capital, but the sum has not yet reached \$12,000. Miss Mary Grace Hills was engaged to take charge of the work. At the end of the first year there was a balance of \$400. A rule has been made to limit the working hours of the nurse to eight hours a day, and to give her one half-day each week. If she prefers to take the time two days at once, there is no objection. She decides such minor matters for herself. The nurse is given some funds for charitable cases to use at her own discretion; it is very necessary to have money to use in this way.

New Haven has tried to represent, as far as possible, all charitable institutions on the board. There is a Jewish rabbi and a Catholic priest as well as representatives from all other churches.

Dr. Davis said just a few words about the New Britain institution. This board is composed entirely of men. It was organized the first of January, 1906, and is the baby association, being only three months old. Dr. Davis says: "I know this thing is going in New Britain. All I ask is that it shall be written on my tombstone that I was the man who started the organization. If anyone asks you, tell them it can be done. I ask no credit; the credit belongs to the men who have raised the funds."

#### REGULAR MEETINGS

**BROOKLYN, N. Y.**—At the annual meeting of the Long Island College Hospital Alumnae Association the following officers and directors were elected for the year:

President, Miss M. A. Hope; first vice-president, Miss Elizabeth Hall; second vice-president, Miss Violetta Toufet; treasurer, Miss Regina Kelley; recording secretary, Miss Mary E. Beyer; corresponding secretary, Jessie E. Wiley; directors, Miss Sarah Burgess, Miss Edith Brown, Miss Matilda Decker, Miss M. A. Hill and Miss V. A. Monck.

J. E. WILEY, Corresponding Secretary.

**NEW YORK.**—The annual meeting of the Alumnae Association of the New York Hospital Nurses was held in the lecture-room, 6 West Sixteenth Street, on April 11,

1906. The association's undertaking of managing a club-house for its members has passed the experimental stage and closes the year with a satisfactory bank account. \$584.50 have been paid out to members of the "Sick Fund" during the year.

The following officers were elected for the ensuing year: President, Mrs. M. L. (Simons) Twiss; vice-president, Miss M. A. Munn; secretary, Miss M. M. Russell; corresponding secretary, Miss D. Dwight; treasurer, Miss E. Price; trustees (for two years), Miss M. Wheeler, Miss C. T. Birdsall.

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**BROOKLYN.**—The regular quarterly meeting of the Kings County Hospital Alumnae was held at the Nurses' Home on Tuesday, April 3, 1906, at 3.30 p. m., the president, Miss M. Dock, presiding. The meeting was well attended. Miss Bailey was chosen as the delegate to go to Albany for the State meeting on April 17, and Miss M. Dock, the president, was chosen to represent the association at the Detroit convention in June. A committee was appointed to revise the constitution and by-laws. Nurses who had registered were requested to send number of their certificates. Half have responded.

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**DENVER.**—The Trained Nurses' Association held its regular meeting in the Y. M. C. A. building on April 2. The association contemplates assuming control of the directory for nurses in Denver, and a committee was appointed to further arrangements. Dr. Delehanty gave an interesting address on nursing the insane.

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**COLORADO SPRINGS.**—At the annual meeting of the Nurses' Registry Association held in Caledonian Hall on April 4, the following officers were elected for the ensuing year: President, Miss L. L. Hudson; vice-president, Miss E. M. Margeson; secretary, Mrs. G. A. Homman; assistant secretary and treasurer, Miss J. J. Shea.

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**HARTFORD.**—"The Hartford Club of Graduate Nurses" held their seventh annual meeting at their club-house, 90 Buckingham Street, March 30. The officers were all re-elected: Miss E. E. Courtright, president; Miss A. E. Brazos, vice-president; and Miss H. G. Soper, secretary and treasurer.

A vote was passed to require state registration before February 1, 1907, from all members of the club, all nurses residing in the club-house, and those registering with the club and living outside.

A vote of thanks was extended to the officers and the meeting adjourned till June 30.

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**BROOKLYN, N. Y.**—The regular quarterly business meeting of the Alumnae Association of the New York State School for Training Nurses was held at the Prospect Heights Hospital, April 5. Seven members were present. On account of the small attendance, nothing definite regarding plans could be decided. Eight nurses were proposed for membership and were unanimously elected.

The meeting was adjourned until July 5, when we trust our members will show their interest by a large attendance.

**BUFFALO, N. Y.**—The annual luncheon of the Nurses' Alumnae of the Buffalo Homeopathic Hospital was held March 27 at Hengiver's Dutch Room.

The table was decorated with daffodils, the gift of the president, Miss Cole, and each place was marked with a name-card and flower, and tiny Easter chickens were perched on the glasses at each place. After the luncheon the following toasts were responded to:

"Our Training School," Mrs. A. J. Martin; "Our Married Members," Miss Mary Louise Drake; "Our Engaged Members," Miss Rosetta Burton; "Our "Un" Engaged Members," Mrs. Walters; "The Physicians, our brothers," Mrs. Mueller; "The Public—our patients," Mrs. Dennison; "Our Guests," Miss Jessie Burton; "Our Alumnae," Miss Frances Black.

The April meeting of the Alumnae will be open day meeting to all Buffalo nurses.

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**CHICAGO.**—The Alumnae and graduating class of the Passavant Memorial Hospital have had some very interesting and instructive lectures this winter. The lectures were given by Miss Fulmer on "Visiting Nurses' Work," Miss Pierce on "Private Nursing," and Dr. Evans on Tuberculosis. Mrs. Lapp (née Miss Ebersole), of the class 1904, has written from her new home in India where she has gone as a missionary.

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**CHESTER COUNTY, PA.**—The Chester County Nurses' Association held a meeting at the Coatsville Hospital on March 6, Miss Curtis in the chair. Miss Curtis gave a report of the State meeting held at New Castle. The next meeting will be held at the Chester County Hospital in September.

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**INDIANAPOLIS, IND.**—The Indianapolis Graduate Nurses' Association has had a prosperous year. There have been twenty-two new members admitted, making a total of one hundred and four. Interesting programs have been arranged and the meetings have been well attended. The Association is affiliated with the State society. The officers for the coming year are:

President, Miss Minnie L. Prange; first vice-president, Miss Malurie W. Smith; second vice-president, Miss Mae D. Currie; secretary, Mrs. Belk-Brown; assistant secretary, Miss Estella Everingham; treasurer and registrar, Miss Grace Phelps; directors, Mrs. S. J. Peake, Miss Elizabeth Johnson, Miss Frances Ott.

At the March meeting of the Nurse Board of Examiners of New York State held at the Education Department in Albany, It was

*Resolved*, That we, the State Board of Nurse Examiners, continue to recommend to the Regents applicants for registration under the first clause of the waiver until such time as shall be determined by the Board.

JANE ELIZABETH HITCHCOCK, Secretary.

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**CHICAGO.**—The Illinois Training School for Nurses, Chicago, is celebrating the twenty-fifth anniversary of the opening of the school, and, as it was the pioneer school of the west, of the beginning of the training of nurses in this part of the country, the alumnae are marking the occasion by starting a fund for a graduate nurses' home, which shall serve as an alumnae headquarters, a place where graduate

nurses may board, and where aged and disabled members may be cared for. At the May alumnae meeting, five hundred dollars were set aside for the project from the funds in the treasury. To this will be added about five hundred more, the proceeds of a play given under the auspices of the board of managers of the school.

At the May alumnae meeting there were present, Mrs. C. B. Lawrence, first president of the board of managers; Mrs. Dewey, the first superintendent of the school and Miss Janet A. Topping, a member of the first class. Papers were written for the occasion by Mrs. Lawrence, Mrs. Dewey, and Miss Lanver, the first nurse to enter the school, and the first to receive a diploma. Miss Lanver, as matron of the Woman's Hospital, is still actively connected with the nursing profession.

Early in May a large reception will be given by the board of managers to all graduates of the school, all former superintendents, and all doctors who have been connected with it. The usual banquet to the graduating class will be given by the alumnae association.

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**ORANGE, N. J.**—A regular meeting of the Alumnae Association of the Orange Training School for Nurses was held March 21 at 3 p. m.

The committee appointed to ascertain the cost, etc. to endow a bed in the Memorial Hospital, reported that nothing accurate could be said as the board of governors as yet had not been at all definite.

Six new names were accepted for membership and five proposed. The subject of registration in New York State was then discussed at length as the Orange Training School is not registered as a school and thus debars its graduates from becoming registered nurses in New York State.

One of the graduates told of her failure to take the examination for registration as the examination was useless, unless the school were registered, and a second graduate cited where her name had been refused as reference for the same reason. It was then put to vote and carried that the governors of the Orange Training School should be most earnestly requested to comply with the terms offered the school and thus enable the graduates to become registered nurses and the school a registered school.

A paper having been carefully prepared was then read as the form of the request to be sent to the governors of the Training School that the school might become registered, thus enabling its graduates to become registered nurses in New York State; and the standard of the school thus being raised, it would be of greater attraction for desirable probationers. The names were next voted upon as delegates for the Nurses' Associated Alumnae, and Miss Elizabeth Pierson and Miss Bertha Gardner were elected. The meeting then adjourned to meet the June class of 1905 and enjoy the pleasure of thus meeting the younger graduates and a social hour and refreshments.

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**COLORADO.**—The Colorado State Board of Nurse Examiners held its annual meeting on April 9, 1906, in the State Capitol, Denver. The following officers were elected: President, Miss L. G. Welch; secretary, Miss L. C. Boyd. Three hundred and sixty-six nurses have been registered to date, but there are many unfinished applications. The board begins its second year of work greatly encouraged by the fruits of the year just closed.

**PERSONAL**

MISS LAVINIA WOOD and Miss Verna C. Smith, Class of '06, New York Hospital, have accepted positions in the Babies' Hospital.

THE Alumnae Association of the Roosevelt Hospital Training School for nurses gave a reception to the graduating class on the evening of March third.

It is interesting to know that the nurse who led the opposition to the Louisiana bill some years ago has been in an insane asylum for upwards of a year.

MISS JANE A. WRIGHT, N. Y. H. graduate, has undertaken to teach pupils to keep well through physical development, a subject which she has been studying for the past two years.

MISS NELLIE A. MCKELLEP, graduate of the City Hospital Training School, Class of 1905, was appointed Assistant Superintendent of Nurses and will assume her duties April first.

MISS KATE G. WEMP, graduate Lakeside Hospital, Cleveland, Ohio, Night Superintendent of the Presbyterian Hospital, Chicago, has recently taken charge of the Lutheran Hospital, La Crosse, Wisconsin.

MISS BERTHA B. HOOP has been appointed superintendent of the Lincoln Memorial Hospital, Knoxville, Tenn., with Miss Julia Hoyne as superintendent of Nurses. Both are graduates of the Providence Hospital, Washington, D. C.

MISS AMY HILLARD, graduate St. Luke's Hospital, New York, who has been supervisor of the operating-rooms in the Presbyterian Hospital, Chicago, for three years, has been appointed Directress of Nurses of the Evanston Hospital, Evanston, Illinois.

MISS ELIZABETH R. SCOVIL has been conducting classes in home nursing in St. John, N. B., which have been exceedingly popular during the winter. The charge has been \$1.00 for the course, and there have been as many as 150 women in attendance at one lesson.

MISS A. A. CLARKE, who has served for two years as superintendent of the N. Y. H. Nurses Club and has done a vast amount of good work in making it a success, has not been well for some time and has tendered her resignation. The trustees accepted it with regret.

MISS SHORT, Roosevelt Hospital, Class of 1903, has gone to the Hahnemann Hospital, New York City, to take charge of the operating-room. Miss Short has been assistant nurse in the Syms operating-room for the past year, where her place has been taken by Miss Hardy, Roosevelt Hospital, Class of 1905.

ON Wednesday, April 11, at 3 o'clock, the first graduating exercises of the School for Nurses of the Presbyterian Hospital, Chicago, were held in the reception-room of the home. Professor George E. Vincent, of the University of Chicago, gave the address to the class. Ten nurses graduated. The exercises were followed by a reception.

MISS A. J. SCOTT, graduate of the Toronto General Hospital; late assistant superintendent of the training school at the Royal Victoria Hospital, Montreal; and superintendent of the Ross Memorial Hospital, Lindsay, Ontario, has been appointed assistant to the principal of the Hartford Hospital Training School, Hartford, Connecticut.

MISS BERTHA ERDMANN, Superintendent of Nurses, Minneapolis City Hospital, gave an "At Home" Thursday afternoon, March twenty-second, from three to five o'clock, at the residence of Dr. and Mrs. C. A. Erdmann, for the alumnae of the training school. The object was to bring together the older members and introduce the graduating class. A very enjoyable time was spent by all. About fifteen were present.

MISS LUCY L. DROWN and the Boston City Hospital have the honor of having trained and of including among their graduates the newly-appointed Matron-in-Chief of the Imperial Military Nursing Service of Great Britain, Miss C. H. Keer, R.R.C., who, while living in Canada with her father, a British naval officer, went to Boston and took the training sometime in the '80's. Miss Keer has had long and distinguished service in army nursing, and her alma mater must feel proud of her honored daughter.

MISS MARGARET A. SHANKS and Miss Mae Nichols, the nurses who cared for Susan B. Anthony in her last illness, have been notified that they have been made life members of the New York State Woman Suffrage Association. They were made aware of this through a letter from Harriet Taylor Upton, treasurer for the national association, who wrote that the honor had been conferred because of their "tender care of our beloved leader." Miss Shanks is a young Rochester woman who was graduated from the Training School of the Homeopathic Hospital in 1897. Until she came to America at the age of 13, Miss Shanks lived in Scotland. Her childhood was passed in Stranraer, Wigton county. Before entering the training school she lived in Hopewell, N. Y., still her mother's home. Miss Nichols is from Lynn, Mass., where she received a diploma from the Training School of Union Hospital. She was visiting Miss Lizabeth Tripp, of the Homeopathic Hospital, at the time Miss Anthony's condition became worse and it was necessary for her to have constant care. Miss Nichols was summoned for night duty. At the time Miss Anthony rallied she said to her physician, "My nurses are without parallel."

#### MARRIED

CAMERON—HAMMOND.—At Sault Ste. Marie, Ontario, Margaret Jean Cameron (Rochester City Hospital) to George J. Hammond. Mr. and Mrs. Hammond will make their home in Minneapolis, Minn.

IN Toronto, Ont., on April 16—Miss E. Greenwood, (Philadelphia Polyclinic class of 1902), to Mr. John G. Marshall. After an extended trip abroad Mr. and Mrs. Marshall will live in Toronto.

IN New York on April 16, Miss Laura Gay, (Erie County, Buffalo, class of 1901), to Mr. Frank Whited, of Goshen, N. Y.

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#### OBITUARY

AT New London, Conn., on Saturday, March 10, 1906, after a long illness, Nellie E. Miner. Miss Miner was a graduate of the Homeopathic Hospital, Brooklyn, N. Y., 1894.

IN Dansville, N. Y., March 19, Miss Katharine Johnson, of Rochester, graduate of the Rochester City Hospital Training School, class of 1893. Miss Johnson had been for many years a most successful and popular private nurse.

HARRELL.—At White Haven Sanitarium on March 19, 1906, Maude Lewis Harrell, graduate of the Johns Hopkins Hospital, class of 1902. Miss Harrell contracted tuberculosis while in the discharge of her profession, and her name rightfully belongs to the long list of martyrs who give themselves, the greatest of gifts, for the relief of suffering humanity. She accepted the inevitable with heroic calmness trusting in Him who likewise suffered for men.

THE Graduate Nurses' Association of the State of Pennsylvania passed resolutions of regret upon the deaths of Miss Bertha Magee, New Brighton, Pa.; Miss S. Jane Rankin, Phillipsburg, Pa.; Miss A. E. Fryer, Johnstown, Pa.

[We are holding for want of space an unusual amount of material sent late for this department. Reports of the New York State meeting and the meeting of Superintendents of Training Schools will be given in full in the June issue.—ED.]

## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

A NEW hospital has been opened in Chicago, "St. Bernard's Hotel Dieu," under the direction of the Sisters of Hotel Dieu from Kingston, Canada. It is located at 6337 Harvard Avenue, in the most beautiful part of Englewood. It has accommodation for 300 patients, and is up to date in every way. Its operating-rooms are complete with the very latest methods for modern surgery. It has a large emergency operating-room on the first floor, where emergency and accident cases can receive attention without any delay. The building is fire-proof, has large, airy wards, and the private rooms are fitted up with all the conveniences of a modern home. A Training School for nurses has been established under the direction of Miss Mary Long, former superintendent of Mercy Hospital, Des Moines, Iowa. It is a three-years' course. The first class already formed are making rapid strides in their training. A separate nurses' home is on the same grounds as the hospital. It is a cheery, home-like building, with all modern improvements for the comfort of the nurses.

THE graduating exercises of the class of 1906 of the Roosevelt Hospital Training School for nurses were held in the Syms operating amphitheatre of that hospital, New York City, on the evening of February 26. Dr. Cragin gave an interesting address and then Dr. McLane, after congratulating the nurses and wishing them all possible success, presented the following class of twenty-four with their diplomas:

Misses Anna Ruth Dadley, Louise Masson, Mary Blott, Nannie Page Nestil, Phyllis Roe, Katherine Tyler, Evelyn Hunt, Ethel Murdoff, Matilda Lambert, Lucile Stuart, Nannie Burnett, Agnes Sinclair, Irene Henderson, Mrs. Evelyn Smith Williams, Misses Mildred Gorham, Elsie Galloway, Edith Cunningham, Jean Stoddard, Juliette Brand, Eliza Selby, Clare Wilson.

The exercises were followed by a delightful reception, given in the administration building of the hospital.

**CHICAGO.**—The Provident Hospital of Chicago graduated the following young ladies on April 16: Jessie Annabelle Moore, Ella M. Bland, Annie Elizabeth Lyle, Maude LaMonte, Marie Johnstone, Allie Helena Barnett, Eva Elizabeth Tibbs, Selina Christina Jackson, Emma Mae Irwin.

THREE nurses were graduated from the General and Marine Hospital at Collingwood, Canada, on April 3. The exercises were of the usual order and the names of the young ladies were Miss Ella Baker, Miss Phoebe Jane Cottrill and Mrs. Mary Isabel McBride.

Flower Hospital Training School for Nurses, graduated its third class, ten in number, on Feb. 27, 1906. The exercises were held in the Senior lecture-room of the New York Homeopathic Medical College building, and consisted of an opening address by Loomis L. Danforth, M.D., president of the Medical Board;

presentation of diplomas by William Harvey King, M.D., Dean of the College; class history, poem, and prophecy, by members of the graduating class, and an address to the graduates by Mr. Champ L. Andrews.

These were followed by a reception and dance in Heitzman Hall.

Under the skilful management of Miss Jane M. Barker, R.N., of Hahnemann Hospital, New York, this school has made rapid advancement during the past two years. Being in close connection with the College, the various classes have their lectures from the professors of that institution. A course in Dietetics under Miss Alida F. Pattee, has recently been added to the Curriculum.

THE Homœopathic Medical Dispensary of Boston has recently united with the Massachusetts Homœopathic Hospital, and has become its Out-Patient Department. This department cares for over sixteen thousand patients a year. In addition to this there are some ten thousand district visits made on patients at their homes. Two nurses are in daily attendance at the clinics and a district nursing service has been established to care for those outside. The training school work has been enlarged, a three months' preparatory course having been adopted and ten additional nurses admitted.

MISS HELEN SKIPWITH WILMER, a graduate of the Johns Hopkins Training School for nurses and who is the daughter of a former trustee of the hospital, has presented the trustees of the hospital with \$30,000 to be used for the erection of a large building as an addition to the nurses' home of that institution. This is the first large donation that we have known to be made by a nurse. Miss Wilmer has been engaged in charity work since her graduation. She inherited a large fortune from her father who died several years ago and the new nurses' building will fill a much needed want in the Johns Hopkins hospital as the old building has been overcrowded for some time.

A large building is to be added to the group of the Johns Hopkins hospital which is to be known as the Harriet Lane home for invalid children. The sum of \$400,000 was bequeathed by Mrs. Johnson for this purpose. The location of the building not having been decided by Mrs. Johnson before her death, and the trustees of the hospital have entered into an agreement with the executors of Mrs. Johnson's estate by which the children will be under the care of the hospital physicians and nurses, but the building will be operated as a separate establishment. In this way the experience in the care of children will be very greatly extended with the pupils of the Johns Hopkins school.

## CHANGES IN THE ARMY NURSE CORPS

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### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 13, 1906.

ALLWEIN, MARTHA R., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

BARTHOLOMEW, ANNIE M., transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

BILLIANI, BERTHA, transferred from the General Hospital, Presidio of San Francisco, California, to the General Hospital, Fort Bayard, New Mexico.

BRACKETT, BERT D., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

CHAMBERS, ELIZABETH F. M., transferred from the Military Hospital, Zamboanga, to the Division Hospital, Manila, P. I.

COOK, ETHEL FLORENCE, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division, April 16.

Dwyer, KATHERINE, transferred from the Division Hospital, Manila, P. I., to duty on the transport Thomas *en route* to the United States. Arrived March 16, and assigned to regular duty at the General Hospital, Presidio of San Francisco.

HOLLOWAY, MAUD E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HOWARD, CARRIE L., transferred from the Division Hospital, Manila, P. I., to duty on the transport Sheridan *en route* to the United States. Arrived at San Francisco April 5, and assigned to duty at the General Hospital, Presidio.

JONES, NELLIE MABEL, transferred from the Division Hospital, Manila, P. I., to the Military Hospital, Zamboanga.

KENNEDY, MARY J., reappointed to date April 14, and assigned to duty at the General Hospital, Presidio of San Francisco.

LATIMER, JUNIA HATTIE, transferred from General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

MARKER, IDA MAUDE, transferred from the Division Hospital, Manila, P. I., to duty on the transport Thomas *en route* to the United States. Arrived at San Francisco March 16 and assigned to duty at the General Hospital, Presidio.

POSTLEWAIT, CLARA L., graduate of St. Joseph's Mercy Hospital Training School, Dubuque, Iowa, class of 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

RIORDAN, MARIE A., transferred from Division Hospital, Manila, P. I., to duty on the Sheridan *en route* to the United States. Arrived at San Francisco April 5, assigned to duty at the General Hospital, Presidio.

ROHLFS, LOUISE, transferred from the Base Hospital, Iloilo, to the Division Hospital, Manila, P. I.

SHEEHAN, MARY E., on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division, April 16.

SPOOR, EDITH M., formerly on duty at Fort McKinley, Rizal, P. I., discharged in the Philippines Division.

TAIT, ELIZABETH E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

THOMPSON, ELLA MAY, graduate of the Maryland General Hospital, of Baltimore, class of 1904; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

WHITE, ELLEN L., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco.

WILLS, HARRIET ELSIE, graduate of the Homeopathic Hospital of Pittsburgh class of 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

WILSON, SIBBIE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

WINSLOW, MINNIE A., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco.

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#### THE SUPERINTENDENTS JOIN THE VOLUNTEER LIST IN A BODY.

At the meeting of the American Society of Superintendents of Training Schools, held in New York April 25, 26, 27, the motion was made that the members should volunteer in a body for service in the Eligible Volunteer List of the United States Army. This motion was carried unanimously.



## OFFICIAL DIRECTORY

### THE AMERICAN JOURNAL OF NURSING COMPANY.

President, Miss ISABEL McISAAC, Benton Harbor, Mich.  
Secretary, Miss JANE A. DELANO, Bellevue Hospital, New York.

### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS.

President, Miss ANNIE W. GOODRICH, New York Hospital, New York.  
Secretary, Miss M. A. NUTTING, Johns Hopkins Hospital, Baltimore, Md.  
Annual meeting to be held in New York in May, 1906.

### THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, Miss ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York.  
Secretary, Miss NELLIE M. CASEY, 814 South Tenth Street, Philadelphia, Pa.  
Annual meeting, 1906, Detroit, Mich.

### ARMY NURSE CORPS, U. S. A.

Mrs. DITA H. KINNEY, Surgeon-General's Office, Washington, D. C.

### ISTHMIAN CANAL NURSING SERVICE.

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